University of Alberta

The Meaning of Therapy – A Hermeneutic Journey:
Action Research, Occupational Therapy and the Special Needs Child

by

Katherine Teresa Mulka ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the

requirements for the degree of Master of Education in Adult and Higher Education.

Department of Educational Policy Studies

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "The Meaning of Therapy – A Hermeneutic Journey: Action Research, Occupational Therapy and the Special Needs Child" submitted by Katherine Teresa Mulka in partial fulfillment of the requirements for the degree of Master of Education in Adult and Higher Education.

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Date: November 27/2000

Abstract

This study is a critical examination of an action research project conducted amongst occupational therapists working with special needs children. The research asks, "What is the meaning of occupational therapy with the special needs child?" Action research as a "living practice" allowed occupational therapists to examine more closely their practices via action research processes such as reflection, discourse with colleagues and other methods of collaborative inquiry. By taking a more reflective approach toward their practice-based queries, occupational therapists critically examined their therapeutic interventions and discovered important insights about their treatments, their clients, their assumptions and themselves.

Engaging occupational therapists in hermeneutic conversations was the approach used to discover the meaning of therapy in this study. Through hermeneutic interpretation, three themes emerged which come to be identified by the reader as the main ontological concerns: belief in children/belief in therapy, struggle with self/struggle with therapy and belief in self/belief in therapy.

A Dedication

In loving memory of my mother, Olga Mulka, who encouraged my creativity and taught me about giving to others. It was her dream that her daughters would have good educations and she was able to see that realized. This dissertation is dedicated to her loving spirit and my admiration for her perseverance and the fullness with which she lived her life. I miss her presence but feel her spirit all around me and am deeply grateful for the many lessons learned from being her daughter.

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Chapter 1

ACTION RESEARCH - JOURNEY TOWARDS A MORE MEANINGFUL PRACTICE

> **Life unfolds how it needs to even though we feel as though it is fraught with complications.**

Steps along the Journey

My journey along the path towards action research likely originated in my childhood, when rumblings of an ideology approximating the ideals of action research began to emerge. These ideals and personal ideology developed as a result of my humanistic interests and deeply held beliefs about community and equality, and the idea that sharing with others leads to positive social change. My journey towards action research continued to unfold during my career as an occupational therapist. Over the past 13 years I have found myself continually teaching patients, aides, caretakers of the disabled or sick, teachers, nurses, student occupational therapists and other occupational therapists the treatment principles of occupational therapy. After many years of such instruction, I decided to return to university to learn how to be a better educator of occupational therapy treatment, principles, theory and practice. I wanted to answer the question, “How can I be most effective with my clients?” I was searching for a means by which to improve my practice and better understand my clients’ needs. Graduate school seemed to offer what I was looking for. Little did I know that the answers I sought could not be found in texts and lectures. I was to discover that reflecting upon and researching my practice (as action research and transformative learning suggest) were in fact the most useful ways to achieve my goals. My profession was thus the breeding ground for my thinking on action research, although I did not encounter the concept itself until I took a graduate course on the psychology of adult learning. As I learned more about action research and transformative learning theory, I realized that I could apply these principles to my practice as an occupational therapist. It was at this point that I discovered action research would be the vehicle to transport me in the direction I was hoping to travel.

Action Research and Transformative Learning Defined

A brief overview of action research is necessary in order to understand the essence of this study. Action research is concerned with improving educational practices and enables educators to examine their own practices to better understand them (Carr & Kemmis, 1986). Zuber-Skerritt, a faculty development specialist, (1992b) defines action research conducted by faculty members, as:

> ...collaborative, critical enquiry by the academics themselves (rather than expert educational researchers) into their own teaching practice, into problems of student learning and into curriculum problems. It is professional development through academic course development, group reflection, action, evaluation and improved practice (pp. 1-2).

Traditionally, adult education has focused on research methods which separate the researcher from the practitioner in order to decide what constitutes effective teaching and successful learning. Action research, on the other hand, brings the researcher and adult instructor together to participate in the critical inquiry of the instructor's own practice (Zuber-Skerritt, 1992a). This inquiry requires that the practitioner focus on his or her own learning, which can then be translated into new understandings and applications for classrooms (Allan & Miller, 1990). Thus action research can improve teaching practice through a collaborative method of examination, reflection and discussion. Through this process teacher and researcher can become aware of teaching behaviors and actions that need to be revised (Zuber-Skerritt, 1992a). This approach can lead to a deeper and more meaningful learning experience for individual instructors and students of higher education than can more traditional research approaches.

Several proponents of action research point to its superiority, contrasting it to the limitations of traditional research. For example, Amundsen et. al. (1993) claim that methods for teaching effective research skills and fostering an understanding of the learning process have been limited in scope and have primarily focused on the superficial aspects of teaching, such as developing course outlines and presenting lectures. Allan & Miller (1990), in their study on teacher-researcher collaboratives, suggest that research on educational practices met with limited success due to a lack of involvement and understanding on the part of the educators, who should carry out newly found postulates. Similarly, Zuber-Skerritt (1992a) suggests that collaborative inquiry and experiential learning are superior techniques for professional development than the more common application of theory to practice. Zuber-Skerritt claims that despite extensive research done in the areas of adult learning and teaching methods, educational theory has had only a minimal impact on teaching practice in higher education. She states that this problem is due to several factors, including minimal training and preparation among teachers of higher education, a lack of interest in and understanding of literature pertaining to higher education, and a primary interest in researching specific disciplines rather than methods for improving educational practice.

Researchers such as Allan & Miller (1990) and Rosaen & Gere (1996) suggest that action research offers a means by which teachers can analyze the teaching process, try different techniques, discuss their progress, and then apply the best theoretical constructs to the learning situation. A study by Allan & Miller (1990) demonstrates how action research can be incorporated into a collaborative program between university researchers and teachers. Allen & Miller outline two models of cooperative professional development for teachers that encompass action research principles. The authors formulated these models during their two years working with teachers who participated in action research in their classrooms. The authors conclude that action research not only leads to an improvement in teaching practice and student learning, but in fact transforms educational practices, which, they postulate, will lead to positive educational reform.

Another approach for creating a more in-depth understanding of teaching practice and student learning is transformative learning. The father of transformation theory, Jack Mezirow (1991), states that:

> The essence of adult education is to help learners construe experience in a way that allows them to understand more clearly the reasons for their problems and the options open to them so that they can improve the quality of their decision making (p. 203).

Mezirow asserts that transformation theory considers knowledge to be derived from both instrumental learning and communicative learning. Critical reflection is a key feature of transformative learning theory, which enables learning to take place without the usual cultural constraints that can impede complete freedom in participatory discourse. Once these specific conditions are in place, learning becomes emancipatory. Mezirow contends that his theory is a model of adult learning which is meant to guide adult educators towards a better understanding of the commonalities experienced in adult learning, as well as universal principles of adult communication.

Transformative learning is a process whereby adults engage in critical reflection and discourse with others, "which results in the reformulation of a meaning perspective (the way we understand the world) to allow a more inclusive, discriminating and integrative understanding of one's experience" (Cranton, 1994a, p. 730). Transformative learning can benefit the adult educator's practice by making assumptions and beliefs about teaching explicit. This goal can be accomplished through a variety of methods, including critical incidents, role playing, repertory grids, journalling and other experiential approaches (Cranton, 1994b).

Action research and transformative learning are two applications to adult education which contribute to a deeper understanding of an individual's knowledge, practice and learning than traditional educational approaches have offered in the past.

Choosing a Different Path (The Road Less Traveled)

In the last several years I have run my own private practice for special needs children. I have worked in daycares, preschools, kindergartens and elementary schools. Previously I had worked with children 0 – 18 years of age who suffered from multiple handicaps, congenital anomalies, brain injuries, neuromuscular conditions, and neurological dysfunction; I also worked with children who were deemed medically fragile. Presented with such a vast array of problems, I learned to sharpen my intuitive skills (tacit knowledge) and reflect on my experience while treating clients. Donald Schon refers to this process as "reflection-in-action" (1983, 1987). In graduate school I would learn the benefits of this tacit knowledge and reflection-in-action and how to use these skills in my work.

In addition to the children with special needs that I already treat, I have begun more recently to specialize in children diagnosed with autism or pervasive developmental delay. At the same time I entered the field of Adult Education to learn about being more reflective in my practice; as a result I started to become more thoughtful about the children I treat and to take a more observatory stance with them before proceeding with treatment. I also began to journal some of my experiences with the more challenging children. With the introduction of transformative learning theory into my repertoire, I began to be a more reflective practitioner.

As I learned these new theories, I shared my experiences with occupational therapy colleagues. Not only did they express interest in this form of research, they exclaimed over how little information is available for an occupational therapist working in this field (children with special needs). They reported that the research is often limited, as are professional development courses. Many of the therapists I spoke with expressed that, at times, they felt their only recourse was to go back to university to carry out research in this very specialized area. These conversations sparked my interest in taking a different route toward understanding and transforming my practice.

It is important to define occupational therapy before proceeding with this chapter. Occupational therapy is defined as

> …the use of purposeful activity or interventions to promote health and achieve functional outcomes. Achieving functional outcomes means to develop, improve, or restore the highest possible level of independence of any individual who is limited by a physical injury or illness, a dysfunctional condition, a cognitive impairment, a psychosocial dysfunction, a mental illness, a develop-mental or

> learning disability, or an adverse environmental condition (Case-Smith, Allen & Pratt,1996, p.192).

One of the primary goals of an occupational therapist working with special needs children is to help each child to become as independent as possible within the limitations of his or her disability or dysfunction (Case-Smith, 1996). An occupational therapist may help the child by setting up a fine motor program with a classroom aide; this program consists of activities designed to strengthen the small muscles of the hand and teach the child how to manipulate progressively finer motor tasks. In another scenario an occupational therapist may provide sensory integration treatment that helps calm and organize a child's central nervous system so that he or she may sit and better attend during a classroom activity. An occupational therapist may provide strategies for the parent of a child who is unable to dress himself because of neurodevelopmental delay. Many therapists rely on their university training and practical knowledge to help them solve such problems. The conventional approach toward providing the most effective treatment for a client is to apply the existing theoretical principles to practice and observe the results. In addition, occupational therapists may attend workshops and professional development seminars given by experts in the field, discuss their problems with their colleagues, and read texts and literature related to their specific therapy concerns.

Traditionally, research carried out by occupational therapists is positivistic in nature due to the profession's heavy orientation toward scientific research. However, I believe there is a need for occupational therapists to examine more closely their practices via methods such as action research, which would allow them to investigate their therapeutic interventions critically and take a more reflective approach towards their practice-based queries. The literature exploring occupational therapy practice and knowledge offers evidence that the profession is ready to consider action research as a viable alternative to conventional study. Wood suggests that "occupational therapy's knowledge must be further developed and its societal value better communicated through the concerted efforts of all practitioners, educators, and researchers" (1996). Larson and Fanchiang (1996) also articulate the need for new forms of research, such as narrative and life-history research. They argue that "our ideologic concern for the client must guide our choice of epistemologies to investigate the lived experience to those whom we serve" (p. 249).

One of the main differences between traditional and action research in occupational therapy education is that, in action research, therapists explore specific problems and difficulties that relate to their practices rather than general problems that are removed from their daily interventions. For example, a research facilitator may carry out a transformative learning experience, such as a critical incident regarding behavioral problems with children, and gain valuable new knowledge regarding behavioral disorders and children, and how to approach such problems. The facilitator will also discover whether or not this activity is a worthwhile exercise that could enable occupational therapists to rethink their assumptions in this particular area. Action research encourages improved practice by creating more reflective practitioners (Allen & Miller, 1990). As such it is unlike positivistic approaches, which separate theory from practice and suggest that making objective decisions about practice is the best course of action to solve educational concerns (Carr & Kemmis, 1986).

Much of the research in occupational therapy points to the need for yet more research (Mountain, 1997), and for professional development courses that will meet this group's needs and very specialized concerns. I am suggesting that action research may be a new path to consider when searching to better understand one's practice, notwithstanding the fact that it is an unconventional route. As occupational therapists become more familiar with the collaborative inquiry process, they may choose to combine action research methods with traditional quantitative methods for a more comprehensive approach to their research. In this way, rehabilitation practitioners will enhance the quality and credibility of their research, and gain a deeper understanding of occupational therapy interventions for the special needs child.

The Purpose of the Journey

The purpose of this study is to examine critically the experience of carrying out an action research project among occupational therapists working with special needs children. It is intended for the entry-level therapist in the field of pediatrics and/or for more experienced therapists wanting to learn more about researching their own practices. The main premise of this study is that using action research with occupational therapists can lead to a better understanding of occupational therapy applications for their clients, and will help to improve the occupational therapists' practices and understanding of the special needs children they treat. The study is developed from the perspective of Lewin's (Zuber-Skerritt, 1992a) conceptualization of action research, and will encompass many of the characteristics suggested by other contemporary action researchers. I will also employ Mezirow's (1991) transformative learning strategies with the occupational therapy participants to encourage a deeper, more reflective inquiry into their own practices. As research facilitator, I will outline in detail the steps of an action research project for occupational therapists. The questions guiding this thesis are:

What does it mean to work with the special needs child?

What is the experience of carrying out action research among occupational therapists working with special needs children?

What is the experience of being more reflective as an occupational therapist?

Does action research help occupational therapists to improve their practices?

My intention is to enrich my understanding of occupational therapy with the special needs child and the experience of an action research project among occupational therapists. To achieve this aim I have chosen hermeneutic inquiry to interpret my research. "Hermeneutics is the theory and practice of interpretation;" (van Manen, 1990, p. 179) it allows one to describe an experience as well as to uncover its deeper meanings. The hermeneutic paradigm offers a passageway to better understanding co-researchers and their experiences by going beyond conversations and language as objective events to reveal the ontological meaning of an action research study. Eichelberger (1989) states that those involved in hermeneutics

> ...are much clearer about the fact that they are constructing the "reality" on the basis of their interpretations of data with the help of the participants who provided the data in the study...If other researchers had different backgrounds, used different methods, or had different purposes, they would likely developdifferent types of reactions, focus on different aspects of the setting, and develop somewhat different scenarios (cited in Patton, 1990, p. 9).

Through hermeneutic inquiry, a more reflective exploration of the action research project can occur. I will describe the hermeneutic paradigm more completely in Chapter 3.

Action research is a form of collaborative inquiry that, ideally, is initiated and carried out by practitioners themselves to help examine their practice-based problems (Carr & Kemmis, 1986). At times, however, an individual or individuals (teacher, therapist, university researcher or administrator, for example) may introduce the concept of action research to those practitioners who are unfamiliar with it (Zuber-Skerritt, 1992a). For the purposes of this study, I will introduce the concept of action research to occupational therapists and act as a research facilitator in order to promote action research among therapists not normally involved in practice-centered inquiry. A research facilitator may be defined as a university researcher who introduces the method of research and guides practitioners through its steps. The research facilitator's aim is to provide information regarding action research and transformative learning to occupational therapists, and to empower these individuals to find the answers to their own practice-based problems.

This study is especially concerned with the new findings action research may reveal when implemented among occupational therapists. Could a community of collegial support and sharing be developed from such an experience? Will occupational therapists become more reflective practitioners who develop a deeper understanding of their clients as well as their own practices?

Rationale for the Journey Ahead

The rationales for using action research in this study are many. According to several scholars (Allan & Miller, 1990; Hursh et.al, 1996; Zuber-Skerritt, 1992a), using action research with teachers helps to improve practice, encourages critical self-inquiry, and provides an opportunity for discourse amongst peers to help determine how best to improve teaching. It is conjectured that action research will have similar results when used collaboratively by occupational therapists who specialize in pediatrics.

Using the questions posed in this study, I seek to grasp the meaning of action research and occupational therapy with special needs children. Although quantitative research provides insight into some of the causal relationships between specific treatment approaches and the special needs child, it fails to describe the occupational therapist's personal experience of treating a child with special needs. This personal viewpoint is crucial to understanding the therapist's experience in a meaningful way (Giorgi, 1970). Although there are quantitative studies that provide useful information and specific strategies for occupational therapists who work with special needs children, they do not explore the meaning of the experience of treating these children, nor do they concern themselves with specific, everyday problems facing the occupational therapy practitioner. Strategies and techniques alone cannot begin to answer the many complexities inherent in this special area of practice. Action research and hermeneutic inquiry can contribute to a deeper understanding of the therapist's knowledge, practice and learning than can traditional research. Through action research and hermeneutic inquiry, the actual experience and interests of occupational therapists will be explored. From this information researchers can glean important insights relevant to current practice problems and an enhanced appreciation of what it means to work with the special needs child.

Collaborative inquiry and experiential learning are more commonly applied in teaching practice and not conventionally carried out amongst occupational therapists. This study will explore how these two theoretical constructs can be used by occupational therapists to improve 1) occupational therapists' understanding of treatment with special needs children; 2) occupational therapy treatment with their clients; and 3) occupational therapists' awareness of how clients construct their knowledge of therapy.

As part of this study, occupational therapists will be able to develop and transform their practices and their approaches to instruction with a variety of techniques which employ collaborative inquiry and transformational learning strategies. These strategies may include: case studies; classroom/daycare inquiry; experiential techniques; observation of parents, teachers and caretakers involved with the special needs child; occupational therapy applications; critical self-reflection; group discourse; and client interactions.

Significance of the Study

More qualitative research on teaching and learning processes among occupational therapists is needed to elucidate a more comprehensive definition of effective professional development. This research will help to determine whether changes have occurred in occupational therapists' practices. In addition, research in this area will help to determine whether action research and transformative learning are viable options for solving practice-based problems.

Occupational therapists can collaborate to improve therapy practice, teaching, and the understanding of children with special needs. Theoretical models of action research and transformative learning from adult education can function as frameworks for professional development among therapists. Much of the literature on action research focuses on disciplines other than occupational therapy; therefore, there is a great need for research that applies action research to this group. This inquiry-oriented approach takes a step away from positivism and has the potential to open up new knowledge and skill levels in relation to this unique field of practice. Occupational therapists may also want to build a learning community in the area of pediatrics through their experiences in the action research process.

In the following chapter, I will explore the literature in the area of action research and transformative learning and the evolution of its use in adult and higher education. From this overview I will contextualize the action research process that was used for this study.

Chapter 2

Literature Review

In reviewing the literature on action research I became aware of both the limitations of conventional research as well as its importance. The dominant traditions of research take a cause and effect approach to questions of practice. This approach assumes that the researcher will separate herself from the subject as well as from his or her lived experience. Our current values, beliefs and assumptions shape our understandings; thus to place ourselves "outside" that which is being investigated negates the impact of our own perspective. To interpret and understand the experiences of those being researched is to gain insights and knowledge unattainable via traditional forms of inquiry. The motivation behind this project is the need to build on the knowledge base about occupational therapy with the special needs child, and to generate new understandings. Such understanding does not occur by employing specific research methods alone. Action research is "a lived practice that requires that the researcher not only investigate the subject at hand but, as well, provide some account of the way in which the investigation both shapes and is shaped by the investigator" (Carson, 1997, p. xiii). In this way, action research can be considered hermeneutic. The hermeneutic tradition is interested in what it means to understand. The focus of this investigation is to describe an action research project amongst occupational therapists and to unfold the many meanings associated with occupational therapy, action research and occupational therapy with the special needs child.

Although I have pointed to the limitations of traditional research, I also acknowledge that quantitative studies have contributed a great deal to the occupational therapy profession. These studies are often a starting point for action research projects, clarifying those areas where a need or lack exists. The positivist literature can also provide specific recommendations which inform practice problems. Conventional research greatly influences our current understandings of practice, given that traditional schools of thought are embedded in our psyches as a result of our education and exposure to these ideas. It is important to acknowledge that the dominant traditions of research have biased the researcher's and co researchers' understandings of occupational therapy practice with the special needs child. This bias will be implicated in the action research project and will ultimately influence the understandings reached by each individual.

This chapter looks at the evolution of action research in adult education and how this research paradigm has been shaped and changed by theorists and researchers in this field. I will also undertake a close examination of the theoretical foundations of action research from several different conceptualizations. Since action research has primarily been carried out in the education field, much of this study relies on this field's basic tenets. I will discuss the implications for practice and research when action research is applied in the field of adult education. Finally, I will explain the need for this type of research for occupational therapists working with special needs children.

Evolution of Action Research

Action research in adult education began in the mid 1940's with Kurt Lewin, who demonstrated a strong commitment toward integrating theory and practice in order for individuals to better understand their work and thus provide the impetus for social change. Lewin created the phrase "action research," a term which reflected his desire to use active inquiry to help discover the "nature and causes of social conflicts and the search for approaches, strategies and techniques capable of preventing or resolving them" (Zuber-Skerritt, 1992a, p. 89). His influences were Gestalt psychology and phenomenology as well as early adult educator John Dewey (Quigley, 1997). Lewin described a four stage cycle for carrying out action research that would create a problem-solving process which included planning and action. His early work in action research focused on many social issues and was adopted by the field of education. Educational action research decreased in the 1950's and 1960's, but in 1967, Robert Schefer's book, *The School as a Center of Inquiry*, helped to stimulate a renewed interest in action research in the public school system (Quigley, 1997). A resurgence in action research developed in the 1970's: the Ford Teaching Project in Britain (1973-1976), directed by John Elliott and Clem Adelman, helped to spark interest in the field. Teachers were ready to participate in research of their own practices, and there was an increased interest in the "practical" in curriculum, subsequent to Schwab's emphasis on practical consideration in teacher practice (Carr & Kemmis, 1986).

Other leaders who influenced the revival of action research included Bruce Joyce (1972), at Columbia Teachers College, as well as Tikunoff, Ward and Griffin (1979). Much of the revival of interest in action research can be linked to the work of Stenhouse, "who advanced the idea of teachers as researchers" (Kember & Gow, 1992). Another adult educator, Kolb, created his four stage cycle of experiential learning model from the works of Dewey, Lewin, and Piaget. This dialectic notion of experiential learning accords with action research as a method for increasing the connections between theory and practice, concrete and abstract experiences, and the cognitive and affective realms (Zuber-Skerritt, 1992a). Jack Mezirow's (Cranton, 1994; Garrison, 1991) transformative learning theory also relates to the ideas of action research. Mezirow calls his theory a critical theory of adult learning and education, the goal of which is to provide the learner with a type of learning called perspective transformation. He describes perspective transformation as:

> ...the emancipatory process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting this structure to permit a more inclusive and discriminating integration of experience and acting upon these new understandings (Cranton, 1994b, p. 24).

Many of the tenets of action research are central to emancipatory learning theory. Transformative learning also espouses many of the fundamental principles of action research, such as critical reflection, discourse and action.

As the "teacher as researcher" movement evolved, it became apparent that there was a need for a theoretical rationale to justify action research in the teaching profession. Carr & Kemmis (1986) present a philosophical justification for a critical educational science in their book, *Becoming Critical*. They describe how their critical educational science evolved from critical theory and Habermas's critical social science to provide a viable problem-solving method. They also explain how action research can be construed as a form of praxis for their critical educational science and that teachers can establish "communities of critical action-researchers committed to working with other individuals and groups outside the immediate learning communities" (Carr & Kemmis, 1986, p.224).

Another great influence in the evolution of action research is Argyris (1980), who regards action research as a major alternative to the conventional positivist form of social research. Argyris is well known for his "action science" and employs action research methods in the field of organizational development (Peters & Robinson, 1984).

More recently, Zuber-Skerritt (1992a) and Kuhne & Quigley (1997) have offered their theories of action research. They suggest that it can be used by instructors of adults to help reconstruct adult educators,' learners,' and practitioners' experiences in an effort to transform their understandings of their practices as well as the practices themselves. Zuber-Skerritt (1992a) offers a theoretical model for professional development in higher education. Her theory emphasizes the need to

> ...explain how students and teachers in higher education come to know, and why experiential learning and collaborative enquiry are more effective for their continuing education or professional development than the mere technical application of theory to their learning or teaching practice (p. 1).

Alternatively, Kuhne & Quigley (1997) propose specific suggestions for developing an action research project for adult educators. This model was developed to facilitate action research among adult educators. By using a systematic approach, adult educators can gain a better understanding of the action research process and more easily implement it into their practice settings.

The evolution of action research in the realm of adult education has been an ever-changing growth process. Adult educators now have the opportunity to try the many approaches to action research offered by leading writers on adult education. Next, we will examine the theoretical foundations of action research and the many different conceptualizations of the theory and practice of action research.

Theoretical Foundations of Action Research

Conceptualizations of Action Research

There are several conceptualizations of action research. This next section looks at some of the better known proponents of action research and their views, including, Lewin, Carr & Kemmis, Argyris, Zuber-Skerritt and Kuhne & Quigley.

Lewin's Action Research

The founding father of action research, Kurt Lewin, developed the concept of action research in order to help solve everyday problems, such as racial prejudice and rights for minorities in a democracy (Zuber-Skerritt, 1992a, Peters and Robinson, 1984). He writes that there is a "need to bridge the gap between the concrete and the abstract – ie., the gap existing between social action and social theory" (Peters and Robinson, 1984, p. 114). He argues against the positivist approach to research, explaining that traditional research neglects the nature and causes of social conflicts and the importance of intersubjective meanings and values that influence behavior. Lewin felt that the knowledge of group laws was important to an understanding of how to resolve social issues as well as the "specific character of the situation" (Peters & Robinson, 1984). Carr & Kemmis (1986) describe Lewin's premise that understanding social problems could best be achieved through

> …analysis, fact-finding and conceptualization about problems; planning of action programs, executing them, and then more fact-finding or evaluation; and then a repetition of this whole circle of activities; indeed, a spiral of such circles (p. 164).

This quotation aptly describes Lewin's four-stage cycle of action research: planning, acting, observing and reflecting. In addition, Lewin stressed the importance of including participants (researchers and practitioners) in each stage of the action research process. His main goal was to encourage the use of a participatory and democratic approach to research, as opposed to the traditional, autocratic style. As well, he endeavored to contribute to an increased understanding of social conditions in order to bring about social change (Carr & Kemmis, 1986; Peters & Robinson, 1984). Following Lewin, many other advocates of action research emerged, bringing forth their ideas about action research and offering different conceptualizations.

Critical Educational Science & Action Research

In *Becoming Critical*, Carr & Kemmis (1986) review both the positivist and interpretive approaches to educational theory and research and suggest that neither of these two dominant views does offer a theory that is "grounded in the problems and perspectives of educational practice" (p. 122). They propose the idea of a critical educational science as an alternative paradigm for educational research, and suggest that this methodology will enable teachers to research their own practices. Their theoretical framework is based on the works of Lewin and Habermas.

Carr & Kemmis share Lewin's views about the limitations of traditional and interpretive research; they state that "Positivist theories, by failing to recognize the importance of the interpretations and meaning that individuals employ to make their reality intelligible, fail to identify the phenomena to be explained" (p. 103). Carr & Kemmis also point to interpretive theory, noting that it disregards "questions about the origins, causes and results of actors adopting certain interpretations of their actions and social life and neglects the crucial problems of social conflict and social change" (p. 95).

They also point out that action research is an activist approach, whereas the interpretive mode is passive.

Lewin's approach to research developed out of his own interests about social problems and social change, whereas the philosophy espoused by Carr & Kemmis arose from the education community's need to become more closely involved with educational research and its impact on educators' practices. Habermas's critical social science helped to lay the groundwork for critical educational science. Habermas views his critical social science as a social process whereby individuals actively participate in a collaborative manner to reflect critically on the meanings of their experiences. This approach to self-understanding elucidates distorted interpretations, leading to a deeper understanding and subsequent transformation of one's practice (Carr & Kemmis, 1986).

Carr & Kemmis (1986) state that "Action research aims at improvement in three areas: firstly, the improvement of a practice; secondly, the improvement of the understanding of the practice by its practitioners; and thirdly, the improvement of the situation in which the practice takes place" (p.165). This interplay between theory and practice is a necessary dialectic in the transformation of educational practices and the educational community as a whole.

Carr & Kemmis explain that action researchers recognize that there are objective conditions of social situations and subjective viewpoints of circumstances that can restrict a person's actions and therefore limit his or her options. It is thus the action researcher's responsibility to try to discover how objective and subjective circumstances restrict situations and how each circumstance can be changed. For example, if the argument is made that students cannot make it to an evening class on time, an action researcher may argue that the subjective circumstance is the students' work schedules. In this instance, it would be the instructor's responsibility to make the class more accessible to the students by changing the time of the class. Alternatively, an objective constraint might be that there are too many modules to be covered in the time allotted. Therefore, the instructor could consider possible changes to the course outline.

Kemmis (1991) proposes that action research is best carried out in a collaborative manner. In this way, researches can achieve the powerful ideal of emancipatory action research. He conjectures that

> ...there is an interest in emancipating people from the constraints of irrationality, injustice, oppression and suffering which disfigures their lives, and developing the sense that, as both the products and producers of history, they share circumstances which they can act together to challenge and to change" (p. 60).

Organizational Development & Action Research

Argyris's (1980, 1985) work is in the organizational development field and his "action science" can be considered a form of action research (Peters & Robinson, 1984). Action science studies the "assumptions, implicit theories and tacit knowledge embedded in people's actions (Brookfield, 1987, p. 44). Argyris may be viewed as an exponent of action research methodology; like Lewin, he regards action research as an important alternative to traditional forms of social research. Like many of the advocates of action research, he was greatly influenced by the work of Dewey and Lewin. Argyris sees action research as collaborative in nature, though he prefers a consultancy model of collaboration, compared to Kemmis's participatory model (Peters & Robinson, 1984).

Argyris (1980) and Argyris and Schon (1974) propose suggest that

> ...people have theories of action which they use to design and implement their values, attitudes and actions. The values and attitudes are always related to the theories that people espouse, but many of their most important actions are rarely related to their espoused theories. There may

> be a discrepancy between our *espoused theory*, consisting of our publicly proclaimed values and strategies, and our *theory-in-use*, consisting of our 'governing values' and unconscious strategies over which we have little or no control; there may also be inconsistencies between what we say we do (espoused theory) and what we actually do (theory-in-use) (Zuber-Skerritt, 1992a, 148).

From this perspective, Argyris and Schon have advanced two theory-in-use models. The first model encompasses the following frequently embraced values: "maximizing winning and minimizing losing; being rational; and avoiding expressions of feelings" (Zuber-Skerritt, 1992a, 148). Argyris and Schon believe that in order to realize such aims, these values are often unintentionally transformed into approaches that foster greater difficulties and often result in the production of added problems. Argyris proposed that people whose performance is inspired by this first model and who fail to challenge and adjust their underlying values can only resolve difficulties that are of a familiar type. He calls this approach to problem-solving, single loop learning, and suggests that this method of resolving difficulties will ultimately collapse because one's original value system has not changed.

The second model proposed by Argyris and Schon includes values such as "producing valid information, especially with respect to goals and personal relationships; free and informed choice in decision making; commitment to decisions made; and the evaluation of their effects" (Zuber-Skerritt, 1992a, p. 148). In order to attain these aims people may use techniques such as collaborating with others to critically examine their beliefs, looking at underlying beliefs and assumptions and working with others to solve everyday issues. Argyris states that by approaching problems in this way, people are using 'double-loop problem-solving' which seeks to discern where the error is that entails a change in one's prevailing values.

The main goal of action science is to design situations that cultivate the effective supervision and management of an organization. Such a framework is meant to assist individuals, groups and organizations in handling the requirements of a frequently changing environment (Brookfield, 1987). Argyris emphasizes that individuals must learn from experience in which double-loop learning is encouraged in order for organizational effectiveness to occur. He suggests that such learning can only occur in circumstances "where personal values and organizational norms support action based on valid information, free and informed choice and internal commitment" (Zuber-Skerritt, 1992a, p.98).

Professional Development in Higher Education & Action Research

Zuber-Skerritt offers an alternative paradigm of professional development for teachers in higher education. She calls this model CRASP, for Critical attitude, Research into teaching, Accountability and Self-evaluation. This model is based on theories of learning such as Kelly's Personal Construct Theory, Lewin's Action Research, Kolb's Experiential Learning, and Carr and Kemmis's Critical Education Science. Her main premise suggests that collaborative inquiry and experiential learning are superior techniques for professional development to the more common application of theory to practice. The author claims that despite extensive research done in the areas of adult learning and teaching methods, educational theory has had minimal impact on teaching practice in higher education.

Zuber-Skerritt proposes that learning and teaching practice have a dialectical relationship to teaching and learning theory. She suggests that this new dialectic epistemology views a teacher as an active seeker of meaning and that teaching requires a reflective understanding of practice as well as being actively involved in the construction of knowledge and experience. She makes it clear that strategies to facilitate collaborative action research or methods alone will not ensure success in learning and teaching. Rather, the creation of a learning atmosphere will promote active professional development and provide the forum for successful change and improvement. In this study it is my intention to create the conditions for critical reflection, collaborative discourse and assumption revision necessary for a meaningful action research experience. Establishing a safe, supportive environment that enables participants to share their experiences and reflect on presuppositions that may have previously limited their practices will help to facilitate a learning environment conducive to professional development and change in individual practices.

Zuber-Skerritt supplies a rich foundation in the fundamentals of action research theory and practice. She adroitly incorporates her own model of action research into the learning theories previously discussed. In this way, she provides an eclectic approach to collaborative research in higher education. Zuber-Skerritt's contribution is a theoretical model of action research for professional development in adult and higher education.

Adult Education Practice Settings & Action Research

Most recently, Kuhne and Quigley (1997) made their claim for action research in adult education in a sourcebook for adult educators. They show how action research has reached the K-12 system, organizational settings, and agricultural and health settings outside of the United States, but has failed to reach conventional researchers in adult education. They describe the shift from quantitative to qualitative methods that began in the 1970s and point to the differences between public and adult education. They write, "What differs in both public and adult education is not so much the method or the applications of research, but the depth of social and structural critique that the researchers want to engage in" (p.15). As proponents of action research, they offer a framework that facilitates a move toward collaborative inquiry, which explores questions more amenable to an adult education practice.

Kuhne & Quigley offer a contemporary mode of action research for adult educators and their practice-based problems. In their sourcebook on action research, they provide a six-step method that occurs in three phases of the problem-posing and problem-solving process. The three phases and six steps are as follows: Cycle One: Planning Phase includes three steps – understanding the problem, defining the project and determining the measures. The Action Phase includes implementing an action and observing the results. Finally, the Reflection Phase includes evaluating the results and reflecting on the project. Their main goal is to simplify the action research process, making it accessible to adult education.

Action Research and Transformative Learning

Although transformative learning is a separate theoretical construct, it shares many of its goals with action research: participatory rather than directive learning, critical self-reflection, examination and revision of assumptions and a transformation of teaching practice (Cranton, 1994a). These common aims lend credence to the idea that action research and transformative learning are both approaches to adult education which contribute to a deeper understanding of an individual's knowledge, practice and learning.

Other similarities between these two theoretical constructs include empowering the learner by giving up power positions and control, encouraging equal participation and stimulating critical discourse (Cranton, 1994b). Jack Mezirow (1996) points out that critical reflection enables learning to take place without the usual cultural constraints that can impede complete freedom in participatory discourse. Many action researchers espouse this view as well.

Transformative learning recommends the use of experiential activities like journal writing and role-playing to help change the construction of learner experiences. These activities are used to assist learners to reflect on their experiences, uncover assumptions, dialogue about their experiences with others and hopefully, deepen their understanding of themselves and their actions. With this new understanding, beliefs can be clarified, challenged and changed if need be. The fundamental difference between action research and transformative learning is that action research uses a systematic approach (a four stage cycle) to help understand the practitioner's theory and practice. During the process of action research, participants may choose experiential techniques to enhance their inquiries, however, they are not limited to such approaches. Action research can be said to be a vehicle that encourages participants to become involved in transformative learning.

I suggest that the use of experiential learning techniques, along with action research methods, will enable educational researchers and practitioners alike to reach a deeper understanding of the changes that will help them to transform and better understand their practices.

Implications for using Action Research in Higher and Adult Education

Many of the practice problems that concern adult educators are rarely studied by traditional educational researchers (Quigley, 1997). Allan & Miller (1990) note that traditional research on educational practices has met with limited success due to a lack of involvement and understanding by the educators, who should carry out newly found postulates. Herein lies the great advantage of carrying out action research – its main precept is that practitioners study their own practices in an effort to come up with their own solutions to real problems (Carr & Kemmis, 1986).

Having decided to carry out action research in an adult education setting, the person(s) involved in implementing the project needs to ensure that all necessary players for successful action research are involved. These players include institutional administrators, teachers, educational researchers and other persons directly involved with the project. Zuber-Skerritt (1992b) points to the importance of support from key figures in the education system in ensuring a satisfying and successful experience with action research. The importance of having support from essential players in the health system for my study was well understood. For my research project I was able to gain support from the administration of the children's services where my participants were employed, as well as their manager. I shared with them the nature of the research project in the hopes that they, too, could gain a deeper understanding of occupational therapy with the special needs child. As well, it was my intention to reveal action research as a means for professional development in healthcare settings. Other players in my study included myself (university researcher), three junior occupational therapists working with special needs children and special needs children and their families.

Kuhne & Quigley (1997) suggest that action research projects can provide evidence that resources in adult education settings may be lacking or need to change. They also claim that the results of an action research project may provide substantive data that is necessary for a board or government official to approve policy changes, provide financial assistance or verify the need to try new approaches in an adult education setting.

When action research is employed in educational settings, not only can teaching practice and student learning improve, but relationships between peers and organizations can be transformed. Such a transformation can elevate current educational systems' standards in educational practice and curriculum. A study by Lieberman (1986) provides an example of action research creating a change in peer relationships. He discovered that school-university research collaboratives can "foster recognition, reinforcement, and respect for and among teachers" (Allan & Miller, 1990, p. 196). Allan & Miller (1990) also found a relationship between action research and teacher support. They found that action research can "foster changes in thinking and problem solving skills, as well as more conscious decision making and new experiences in collegial networking."

This study attempts to provide a forum for collaborative discussions and reflective inquiry related to occupational therapy practice with the special needs child. Action research amongst occupational therapists can create opportunities for supportive peer networks which are much needed in the specialized field of pediatrics. Collaborative inquiry between clinical occupational therapists and a university researcher may lead to new insights and discoveries about therapy. These new understandings about practice may have a transformative effect on how therapists carry out their work with children and within the organizations in which they practice.

Critique of Action Research

Not all of the implications for using action research are positive, a difficulty to which many researchers have attested. Action research can be an arduous process, which requires detailed organization and a great deal of administrative and staff support (Hursh et.al, 1996). Often, educators who would most benefit from such professional development are the least interested (Zuber-Skerritt, 1992a).

Researchers and teachers alike need to be aware of the limitations and difficulties inherent in undertaking these methods. Although action research is an ideal, many university departments, schools, and institutions are not able to support its use because action researchers must have the cooperation of teachers, administration and educational organizations to successfully execute its principles (Zuber-Skerritt, 1992b). Individuals carrying out action research may have difficulty getting teachers and others to "buy into" the notion of collaborative inquiry (Hursh et. al, 1996). In addition, the actual implementation of action research requires those involved in professional development to embrace these ideas, which run far afield from conventional norms. Senior faculty members will need to relinquish power and join junior members in looking at their own teaching practices, and possibly be prepared to change completely their approaches toward teaching and interacting in the university or school environment. A certain maturity, openness and humility are required.

Quigley (1997) cautions that not all problems are best studied using the action research model. He suggests that some issues may be too emotionally laden or politically complicated. Like other forms of research, the method must suit the problem. Novice action researchers may not anticipate the many requirements and commitments necessary to the success of this type of research. Therefore, it is important that participants understand that some practice-based problems are not appropriate for this methodology, and that a good background in the theoretical constructs of action research is a necessary prerequisite for undertaking this form of inquiry.

Why carry out action research amongst occupational therapists?

The field of occupational therapy with special needs children is specialized and meagerly researched; as such it is not unlike many fields of adult education. Conventional approaches to researching problems in education, occupational therapy and other fields are therefore being questioned by a variety of scholars and practitioners. Tom and Sork (1994, p. 40) state that "exclusive and esoteric activity carried on largely by university-based academics is being challenged on a number of fronts". Many of the issues studied behind ivory tower doors do not relate to the unique issues a practitioner faces every day. Quigley (1997) echoes this sentiment when he alleges that many of the practice problems that concern adult educators are rarely studied by traditional educational researchers. Action research can be seen as a contemporary alternative to conventional studies of issues in adult education practice.

My study suggests that an alternative mode of inquiry, such as action research, may impart valuable knowledge to the professional who desires to examine closely her practice and implement changes that may improve it. This change in orientation for the therapist can only lead to an improvement in the overall field of occupational therapy.

Occupational therapists working with special needs children can more closely examine their practices via action research processes such as reflection, discourse with colleagues and other methods of collaborative inquiry. By taking a more reflective approach toward their practice-based queries, occupational therapists may critically examine their therapeutic interventions and discover important insights about their treatments, clients and assumptions that may transform their practices. Abreu et al (1998) state that one research methodology (experimental versus qualitative) is not superior to another. Rather, the "nature of the investigative question must determine the process through which one seeks an answer (p. 754). Parham (1998) also suggests that "a pluralistic, postmodern approach to knowledge development in occupational therapy thus calls for diverse and innovative methodologies" (p. 488).

Several recent studies discuss the problems occupational therapists face when attempting to improve their practices:

a. Many of the institutions where occupational therapists are employed do not support the therapists' needs and ideas. Burke (1996) states

> "that there has been a lack of interest in treatment protocols, program development, and research projects from outside interest groups (e.g., administrators, managers, grant and special project officers) that would

> facilitate the kind of work that would contribute to the fundamental core of our field" (p. 635).

Action research could be the vehicle whereby an occupational therapist's practice is supported and legitimized, since it can include players indirectly involved in the therapist's work, such as managers and administrators (as discussed above). As well, many of the more traditional forms of research are less accessible and more intimidating to an occupational therapist currently practicing in the field. Action research, on the other hand, is often more appealing to a practitioner because of the practical and direct link to the therapist's practice.

b. According to Mattingly and Gillette (1991), occupational therapists often express their dissatisfaction with having to treat many patients without taking the time to "reflect on their treatment or to individualize it in a way that they value professionally" (p. 977). The researchers assert that carrying out action research and using the many reflective processes inherent in collaborative inquiry can help to cultivate "clinical reasoning skills that will help therapists devise more individualized, appropriate treatment strategies, even in quite rigid systems" (p. 977).

c. We may also conjecture that the research currently espoused by occupational therapy is often too far removed from the practicing therapists' concerns with everyday treatment, and that professional development courses often do not meet this group's needs and very specialized concerns. Reviews of the occupational therapy literature demonstrate that there is not enough research being conducted in the field. Having reviewed the literature in the British Journal of Occupational Therapy from 1989 – 1996, Gail Mountain (1997)

> recommends that occupational therapists "develop a strong research base" (p. 63) so that research activities will enhance occupational therapists' practices. She suggests that research activities would help to raise occupational therapy's profile in the community, rendering the profession viable and legitimate among clients and policymakers alike.

Using collaborative inquiry to investigate occupational therapy issues contributes to a practitioner's research base as it enhances occupational therapy practices.

Finally, many therapists working with special needs children feel stymied by their clients' very unique treatment concerns and are unable to find solutions within the literature to such individualized problems. Action research could be a valuable approach to coping with such scenarios.

Collaborative inquiry can enhance the process of constructing new knowledge, create an atmosphere of community learning, and bring attention to topics which are poorly understood by therapists. Through the action research process, researcher and co-researchers come together to share and reflect upon their experiences working with children who have special needs. They learn about their practices systematically through planning, acting, observing and reflecting. In this study, these experiences are captured in conversations which can be meaningfully interpreted through hermeneutic inquiry, whereby new understandings and questions emerge. Action research is hermeneutical in that it is descriptive, reflective and intent on revealing insights and knowledge previously unknown to the researcher and co-researchers. When looking at the meaning of occupational therapy with special needs children from a hermeneutic perspective, we cannot separate the co-researchers from the meaning of their experiences, nor can we separate ourselves from the interpretation of the lived event. Learning about one's own practice coexists with learning about oneself. Action research presented in this way (hermeneutically) has the potential to create new, far-reaching understandings that are significant for the profession of occupational therapy, adult education, participants of this study and those interested in working with children with special needs. The quest for a deeper understanding of occupational therapy with special needs children will be further explored in the next chapter on the tradition and history of hermeneutics.

Chapter 3

Traveling the Hermeneutic Route: How to get there from here

The Voyager's Expedition

What is the rationale for using hermeneutics to interpret this study? When I initially embarked on this study, I was very interested in the action research process as it applies to occupational therapists working with special needs children. This special interest in action research grew out of the questions occupational therapists asked me about their practices. I could see their frustration with the traditional educational system and that it had failed to provide answers to their practice problems. It had failed to teach them how to analyze very unique children and uncommon cases. I could hear their self-doubt and discern their decreased ability to "figure out" what a particular child needs. Many of the children an occupational therapist sees are not written up in texts or the current literature. The child's problems may be extremely unusual and therefore require specialized skills, experience and understanding. I could see how these therapists were struggling to "solve" these atypical practice problems as they grappled with their own self-confidence issues as young, novice occupational therapists in a specialized, scantily researched field of practice.

At the same time, I was wrestling with my own practice issues. Having been in practice for several years, I have often been confronted with the challenge of extraordinary clients and the demanding nature of such work. Eventually, I began to question where I was in my practice and how it might evolve. It was my desire to learn more about action research, believing that it might be the way to help therapists learn more about their clients. I knew that to be a competent and skilful therapist did not mean simply to execute certain movements and implement specific strategies found in authorized textbooks. Rather, a therapist requires a combination of experience, reflection, creativity and insight to discover meaningful, transformative interventions for both therapist and child. Many questions plagued me. How do I share my knowledge with less experienced therapists in a way that can empower them and help them to move from instrumental knowledge (causal explanation) to tacit knowledge (implicit understanding)? What is it about my own practice that is limiting me? What do I need to understand? These questions led me to action research.

As I began to explore action research further, I discovered the value of collaborative inquiry and its ability to inform practice and create an environment of community and sharing, shedding light on difficult practice problems and providing fairly immediate answers to treatment approaches. I also learned that investigating one's practice through action research can lead the practitioner to greater understandings and to certain "truths" about practice. Such truths are not arrived at through a specific method, but are realizations or insights into what is or is not working in a therapist's everyday work. A therapist may experience such insights during the reflective portion of an action research cycle or by means of a more contemplative approach to practice problems. However, carrying out action research with colleagues does not guarantee a more thoughtful method. Although my interest in action research was strong, I felt a greater pull to become more reflective and to apprehend what an action research experience with occupational therapists would be like and what significance it would hold. Hermeneutic inquiry seemed to provide the means for developing a greater understanding.

What is hermeneutics?

Hermeneutics: The history of interpretation theory

The *Concise Oxford Dictionary, ninth edition* defines hermeneutics as: "the branch of knowledge that deals with interpretation; esp. of Scripture or literary texts". Hermeneutics finds its origin from the Greek word *hermeios,* which derived its name from the "wing-footed messenger-god Hermes" (Palmer, 1969). Palmer describes the connection between Hermes and the origin of the word hermeneutics:

> Hermes is associated with the function of transmuting what is beyond human understanding into a form that human intelligence can grasp. The various forms of the word suggest the process of bringing a thing or situation from unintelligibility to understanding. The Greeks credited Hermes with the discovery of language and writing – the tools which human understanding employs to grasp meaning and to convey it to others (p.13).

The tradition of philosophical hermeneutics began in the form of interpreting lessons from biblical texts. In the 19th century hermeneutics expanded its focus from textual analysis to a "general hermeneutics" which would focus on developing a better understanding of human science. The father of modern hermeneutics, Schleiermacher, pursued a system that could recreate classical and biblical works in terms of the meanings they were originally intended to convey. Dilthey expounded on Schleiermacher's search for understanding, explaining that what was most important for human science was that human experience be understood rather than explained. He was most interested in "lived experience" and understanding. (Carson, 1984; Friesen, 1993; Palmer; 1969; Smith,1983; van Manen, 1990).

Whereas Dilthey argued that there was a distinction between understanding in human science and natural science, Heidegger asserted that there could be no such distinction because he believed that understanding itself is a way of being in the world. Heidegger thus turned away from the epistemologic question of knowing and toward the ontology of being (Carson, 1984; Palmer, 1969; Smith, 1983). He claimed that to understand one must bring her or his foreunderstandings to bear on the situation and that each engagement requires a construction centred on the individual's own history and experience. "The notion of hermeneutic understanding for Heidegger was not aimed at re-experiencing another's experience but rather the power to grasp one's own possibilities for being in the world in certain ways" (van Manen, 1990, p. 180). According to Heidegger, textual interpretation creates understanding when the "beingness" of the concealed person is brought to the surface and made manifest (Smith, 1983).

Heidegger put forward the concept of the hermeneutic circle. The hermeneutic circle describes "the experience of moving dialectically between the part and the whole" (Koch, 1996, p.176). The dialogue that takes place between hermeneutist and author is assumed to hold messages about being-in-the-world. By continuously moving from parts of the text to the whole, one is led to greater insights and deeper understandings of the text's meaning. The hermeneutic circle is an interpretive approach that allows ontological revelations of the hermeneutic conversation to make themselves known (Byrne, 1998; Carson, 1984; Koch, 1996).

A student of Heidegger's, Gadamer, helped to develop more fully Heidegger's thesis that understanding derives from ontology. In Gadamer's seminal work, *Truth and*

Method (1975), he states explicitly that hermeneutics is not a *method* for understanding but an attempt "to clarify the conditions in which understanding takes place" (Gadamer 1975, p. 263). These conditions include prejudices and prejudgments in the mind of the interpreter, out of which, Gadamer claims, understanding arises. Prejudices are our assumptions of things, emerging from our former experience and socialization. From an empiricist's Husserlian (phenomenologist) viewpoint, experiences should be "bracketed" so that presuppositions will be eliminated. In this way, the researcher will remain objective (Friesen, 1993).

Gadamer states that to truly understand others we cannot cast aside our past experience. Understanding is anchored in history; it uses one's personal experience and cultural traditions or "historically effective consciousness" (Gadamer, 1975) to assimilate new experiences. This 'effective history' allows us to move towards the unfamiliar, resulting in an enhanced understanding of the world. For Gadamer, understanding does not constitute a recreation of textual meaning and authorial intention, as it did for Schleiermacher and Dilthey. Understanding, for Gadamer, is a productive process which moves the text beyond its original context to its current context. Gadamer uses the concept of separate horizons to differentiate the domain of the present from the domain of the text. The goal of hermeneutic inquiry is the synthesis of the two separate worlds, interpreter and text. This union is known as the "fusion of horizons." Gadamer describes the fusion of horizons in this way:

> The event of understanding can now be seen in its genuine productivity. It is the formation of a comprehensive horizon in which the limited horizons of text and interpreter are fused into a common view of the subject matter – the meaning – with which both are concerned (Gadamer, 1977, p. xix)

Language is central to Gadamer's hermeneutics because language reveals the unknown. Gadamer sees language as "the fundamental mode of operation of our being-in-the-world and the all-embracing form of the constitution of the world" (Gadamer, 1977, p. 3). Therefore, "coming to understand is essentially linguistic. The fusion of horizons can only come to be if the text is made to speak making interpretation possible. Language mediates between the text and interpretation" (Friesen, 1993, p. 48).

Dialogue, therefore, is the mode in which the horizons of text and interpreter come together to make meaning. The hermeneutic summons is to interpret the text or event by making the text speak. Gadamer is clear that the text "speaks" in its translation: the translation allows a mute text to communicate hidden wisdom. The text then guides the interpreter to realize something new, something not realized before. (Gadamer, 1975).

Knowledge is arrived at through a dialectic, as Smith (1983) explains:

> …Gadamer argues that method itself is incapable of revealing new truth. For method can only render the kind of truth already implicit in the method. Method itself is not arrived at through method, but dialectically; that is, through a questioning responsiveness to the matter being encountered. In method, the inquiring subject leads and controls and manipulates; in dialectic, the matter encountered poses the question to which the participant responds. In a sense, in the interpretive situation, it is the questioner who suddenly finds himself the one who is interrogated or put into question by the 'subject matter.' (pp. 58-59).

The hermeneutic conversation, therefore, allows for both the text (which may be any person, object or event) and the reader to have a voice in the dialogue. The participants in the conversation are open to new orientations, allowing the discussion to create understanding.

Interpretation is a dialectical movement without end. The subjectivity of the text dissolves, as the focus becomes the topic of the text being studied. Thus the purpose of interpretation is not to seek objective answers, but to examine critically the participant's experience and to create conditions under which a shared meaning can occur. Gadamer avoids the subject-object dichotomy dominating Western philosophy through his ontological priority of being and his affirmation that understanding is a dialectical, historical and linguistic experience.

A Trail towards Knowledge and the Hermeneutic Calling

How can hermeneutics help us to understand the experience of action research among occupational therapists who work with special needs children? Gadamer (1975) states that "understanding is always more than the mere recreation of someone else's meaning" (p.338). When trying to understand a text, a person or an event, we create new meanings by bridging the familiar and the new. Hermeneutics, then, involves shared meanings: "it might be said that hermeneutic research involves a form of reconciliation in which researcher and subject are bound together in a common search for common understanding." (Smith, 1983, p. 75).

The seed of hermeneutics had not yet been planted within my repertoire of research experiences as I began mulling over research project ideas for my thesis. At the beginning of my quest I was unclear as to how this study would be interpreted. I did not want simply to provide a descriptive analysis. Nor did I want to pursue research from a cause and effect paradigm or suggest an absolute meaning. Rather than looking at dogmatic directives and rigid beliefs about therapy, I wished to embrace new possibilities and discoveries. I also wanted to delve more deeply into the meanings of action research for each therapist's practice. Although I understood how to conduct the action research, I was less certain how to construct meaning from this experience. Hermeneutic conversations appeared to offer the opportunity to look at occupational therapy from a different perspective.

Over the course of the action research project, many questions arose. Is reflection helpful with occupational therapists, and what will it reveal? What does therapy mean for these therapists and how can this meaning transform their practices? Will we discover a collegial environment conducive to sharing knowledge, and will it provide support and answer some of our most perplexing questions about the children we treat? Will a deeper understanding of their practices make a difference in therapists' work, in their lives, and with the families and children they treat? What meanings do they derive from working with this special group of kids? Is it healing, boring, inspiring or depressing? What are their visions, dreams and needs for their practices, and is action research the vehicle to help them realize these aspirations? These questions and conversations were the impetus for using hermeneutic interpretation for this study.

In the hermeneutic form of inquiry, the researcher plays a role in shaping the research process. Unlike empirical investigation, the researcher in hermeneutic inquiry brings her or his prejudgments, biases and understandings of the subject with her to the study. Therefore, explanations of events are context-bound. As Palmer (1969) states "It [explanatory interpretation] must be made within a horizon of already granted meanings and intentions. In hermeneutics, this area of assumed understanding is called preunderstanding." (p. 24). The horizon of our domain of understanding must converge with that of understanding the event. As I began to understand this "fusion of horizons," which helps to make a meaningful understanding attainable, I became more interested and willing to tread alternative pathways to knowledge.

Exploring the topic of action research and occupational therapists with special needs children from a hermeneutic stance demanded that I move away from traditional inquiry, which suggests that separating one's self from the topic being studied will ensure the discovery of undeniable "facts". It became clear that my intention was no longer to establish absolutes about practice, therapy or a particular form of research. I was more interested in what it means to 'be in the world' every day as a therapist working with special needs children. Hermeneutics is "an engaged encounter with the Other, with the otherness of the Other, that one comes to a more informed, textured understanding of the traditions to which 'we' belong" (Bernstein, 1992, p. 66 quoted in Friesen p. 50). This divergent form of researching allows us to move away from the customary technical approach, which may limit the potential for new understandings. I began to realize that the aim of my action research project was not merely to replicate an action research study, but to advance my understanding of the meaning of therapy for my co-researchers and myself. From a hermeneutic perspective, new knowledge about practice is always interwoven with new discoveries about one's self (Smits, 1997).

Studies regarding occupational therapy and the special needs child often focus on specific causes of specific problems, and try to delineate the variables that give rise to particular practice questions. This information is useful to a point; however, these traditional studies often neglect to give answers to the everyday problems therapists and their clients face, and thus are limited in their scope. They also often fall short of exploring occupational therapists' experience and their understanding of that experience. Technocratic research has not necessarily served to improve the quality of therapy with the special needs child, especially when ordinary clinicians, who may not have the time or inclination to pursue the most current theories, must transform theory into practice. Professional researchers often fail to provide useful, practical information about practitioners' everyday experiences. In fact, one of the shortcomings of typical research is its inability to move past archaic forms of inquiry which no longer serve the majority of those in clinical practice.

As an occupational therapist I believe that important insights and knowledge about practice exist in a therapist's everyday experiences and intuitions. Many of these understandings are not captured in traditional forms of inquiry or in the current literature. As a result, much of the tacit knowledge available to more experienced therapists lies dormant within the seasoned practitioners' knowledge base and is inaccessible to novice occupational therapists. Schon (1983) describes the "tacit knowing-in-action" available to veteran professionals:

> Every competent practitioner can recognize phenomena--families of symptoms associated with a particular disease, peculiarities of a certain kind of building site, irregularities of materials or structures--for which he cannot give a reasonably accurate or complete description. In his day-to-day practice he makes innumerable judgments of quality for which he cannot state adequate criteria, and he displays skills for which he cannot state the rules and procedures. Even when he makes conscious use of research-based theories and techniques, he is dependent on tacit recognitions, judgments, and skillful performances (pp. 49-50).

My intention, then, was to make evident this experiential knowledge in a collaborative manner such as action research. Using dialogue to reveal this hidden wisdom was made possible through the action research process and hermeneutic inquiry. It was important for me to move beyond a system which reveres "facts" over reflection. It was also essential to me that therapy begin to be more reflective so that we, as therapists, take the time to build a better understanding of our work and ourselves rather than simply administer a practice which pays homage to strategies and techniques. Without reflection, we begin to lose touch with why we are doing what we are doing and may become automatons with no understanding of the purpose or deeper meaning behind our work. As well, this lack of understanding can limit our potential to see more clearly what needs to change in our work, around our work or within our selves.

Current dissatisfactions with practice have been previously alluded to; they include a lack of time for occupational therapists to reflect on their practices (Mattingly and Gillette, 1991), working in a specialized field of practice with very little available literature pertaining to unique children and their problems (Mountain, 1997), and research trends which are often removed from therapists' daily practice concerns and interests (Mountain, 1997). Discontent in the field of occupational therapy and pediatrics cannot always be mitigated using quintessential approaches. In this study, a creative alternative to age-old remedies for practice problems is sought through action research and hermeneutics. This is not to say that empirical knowledge is not valuable, but rather that this alternative pathway can lead to pragmatic knowledge and can illuminate occupational therapy questions that might otherwise have gone unanswered. Collaborative inquiry is realized in a social milieu where observations and reflections on one's self as well as other colleagues can lead to new perceptions and ways of being in the world. Such ways of being are not possible through fundamentalist forms of study that deny our being or experiences.

The ideas delineated above are my assumptions and preconceptions. Unlike positivistic, empirically based studies, my prejudgments and assumptions are crucial to unfolding understanding and making sense of a hermeneutic study. As Gadamer states, "to interpret means precisely to use one's preconceptions so that the meaning can really be made to speak to us" (1975, p. 358). My prejudices and interests comprised the horizon on which I viewed collaboration with occupational therapists working with the special needs child.

Conversation as a Mode of Understanding

This study endeavors to examine an action research project with pediatric occupational therapists and the meaning of occupational therapy within this context. The question underlying my research is "what is the meaning of occupational therapy with the special needs child?" This question emerges through our dialectical engagements and when contemplating the notion of practice. It is a question which seeks to move beyond standard research methods, which consider specific techniques and strategies to be the best way to answer therapeutic questions.

The trek toward deeper meaning begins in conversations with occupational therapists interested in looking at their practices via an action research project. My primary aspiration was to set up conversational interviews with these therapists which would explore their present worlds and focus on their practices and the meanings their practices held for each of them. I intended to allow the conversations to unfold and clarify each participant's experience until understanding was made manifest. This task was not accomplished by the conversations alone, for dialogue is only one step along the path to hermeneutic understanding. Conversations were taped and transcribed into text so that a further distancing from and contemplation on the conversations could take place. Moving from parts of the transcribed text to the whole is the way of the hermeneutic circle which enables the journey of understanding to take place. Traveling between my original horizons and my co-researchers' horizons elicited a change in my initial understandings of the phenomenon being examined.

Venturing into a World of Collaborative Inquiry and Occupational Therapy

The original purpose of this study was to carry out action research with fellow therapists who worked with children. However, I also wanted the study to be meaningful and illuminating. Simply to execute research without understanding its impact on the therapists and myself, or without looking at the deeper meaning of occupational therapy with the special needs child, did not offer the experience I was looking for. It was very important to me to pursue research which could enrich my experience of "being" an occupational therapist as well as provide experiences that would reverberate for each therapist involved. Again, hermeneutics seemed to offer such an adventure. Here was an opportunity to reflect upon and make sense out of our experiences as therapists with very unique children. Not only could we critically examine our practices, but also join together in a communal effort to reify our practices and take time to transmute our lives as therapists into something more closely resembling who we really were as individuals. These are prodigious claims for research, but, as I understand hermeneutics and action research, the purpose of hermeneutic and collaborative inquiry is to engage reflectively upon the object of study, allowing new insights and understandings to manifest themselves. In this way, transformations of previous ways of being in the world are possible. Asking occupational therapists to partake in conversations related to action research and occupational therapy enables us to travel unknown territories and better understand familiar ones.

How the Sojourners came to be on an action research pathway

The participants in the study were three occupational therapists working in a community program for special needs children. Each therapist had one or two years of experience. As I mentioned in the introductory chapter, this study grew out of conversations that I had had with a number of therapists working with children whose treatment concerns were very complex and unique. Prior to this study, I had talked with a number of colleagues about meeting informally to share information and support one another on challenging cases. When I began to reflect on research topics for my thesis, I thought of involving some of these occupational therapists in my research. I thought I might enlist therapists from a number of different facilities to carry out an action research study. However, as I began to discuss my ideas more, I realized that a study with junior therapists could be particularly interesting and worthwhile. Although I was, and still am, interested in being involved with peers at all levels of experience, the therapists with the least amount of clinical experience seemed to speak to me, and I recognized their need and their rich potential as research subjects. Finally, after discussing the concept of action research with a couple of these younger occupational therapists, it was their enthusiasm and curiosity that convinced me to pursue an action research project with them.

The Journey Proceeds

The study took place over a four-month period from the beginning of August, 1999 to November, 1999. The participants were three junior pediatric occupational therapists, Niki, Heidi, and Carrie, and myself (pediatric occupational therapist and university researcher). We arranged to meet on August 9, 1999 so that I could introduce the study and plan for subsequent meetings. I took this opportunity to share the purpose of my research and to clarify their involvement. We met at their office in a small meeting space in the back that was somewhat closed but not completely private. As this was an informal meeting I thought that this would be all right. Niki greeted me first and said she had made coffee for me. I thought this was particularly sweet gesture as none of them drank coffee. All three therapists seemed attentive and motivated. Carrie seemed particularly relaxed. I'd never met her before but she seemed very nice. They are all very trendy, young and "fresh" in some way. They all mentioned that they had some difficulty with their confidence and I heard them all say that they were uncertain if their work made a difference or not. Heidi alluded to the fact that *all* her kids were challenging. I mentioned that they must be doing well with their work or they wouldn't be getting so many referrals. Niki downplayed her success and stated that there were just a lot of sick kids. I wondered if these young therapists saw me as an "expert" of sorts. I felt that I was dictating more than working collaboratively at this point, but I knew that to introduce them to action research I needed to provide information. They gave me their feedback on how often and when they wanted to meet and shared with me their questions about action research and what the study would entail. Based on this information, I let them know that I would have an outline of scheduled meetings the next time we got together. I also gave them their consent forms (see appendix A). In addition, we discussed keeping journals of our experiences and they all seemed open to this idea. "In a hermeneutic inquiry the journal serves to locate the self in the research process…keeping a journal is an essential part of interpretive research" (Koch, 1998, p. 1184). Finally, we agreed to weekly meetings at my home where we would conduct the action research project. I left the three therapists feeling quite excited about the whole experience – uncertain what would evolve but hopeful that this would be a fruitful experience.

Once our preliminary meeting was completed I drew up a proposed schedule of how the action research project could proceed, which I asked them to review and comment on so that we could make scheduling adjustments as needed (see appendix A). The action research project was initially conceived so as to bear all of the typical elements of "good action research": colleagues coming together on an equal footing, out of a deep desire to change their practices. As I continued to devise the study, however, I realized that it would not be a "typical" example of action research. First, I would be imposing the action research and seeking out the participants rather than undertaking action research in a collegial fashion. Second, my experience of 13 years would stand in sharp contrast to these young, neophyte therapists. Despite these differences, I hoped to act as a facilitator and introduce the concepts of action research to a group of therapists who were keen to make some changes as well as discover more about themselves and their practices.

From the outset of this venture I kept a journal of my experiences to help make explicit the assumptions and beliefs I held about being a research facilitator, as well as to help develop and guide the action research. I hoped that this knowledge would lead to an improvement in the research process, and that the new insight would lead to a deeper, more meaningful experience. Upon reflecting on my role as a research facilitator, I discovered that I was interested in bringing the concept of action research to novice action researchers in the field of occupational therapy. In order to do this, I decided to provide a structure for the enterprise which would enable participants to engage more fully in the research process. This structured format was meant to be a model that would introduce the main principles of action research to occupational therapists, and would guide them through the collaborative inquiry process. This structure was in no way meant to dictate how action research should be carried out; rather, the proposed model was intended to create an environment conducive to equal participation, and provide guidance as to methodology in action research.

I also realized that it was imperative that my role be one of empowerment rather than control and domination: I wanted to encourage occupational therapists to participate actively in the research of their own practices, and to encourage collaboration and support amongst therapists involved in the project. Evans (1997) describes her experience as a research facilitator and stresses the importance of listening to research participants, learning not to direct conversations, and encouraging practitioners to take responsibility for their own evolution in the action research process.

The structure of the action research project was based on the models by Allen & Miller (1990), Burns (1997), Zuber-Skerritt (1992a, 1992b) and Kuhne & Quigley (1997). Components of these models are represented in the structure of the action research project illustrated below:

Session I: Overview of Action Research

Session II: Cycle One - Implementing Steps of the Action Research Project

Session III: Review of Action Research

Session IV: Action and Observation

Session V: Evaluation

Session VI: Cycle Two of the Action Research Project

Session VII :Presentations

Prior to our first action research meeting as a group, I asked each therapist to meet with me individually for an initial interview. The purpose of this first interview was to gather information which would serve as a baseline for the study. It was also an opportunity to broach the question of the meaning of occupational therapy with special needs children in a hermeneutic fashion. That is, conversational interviews and dialogues were committed to the topic of action research, occupational therapy and the special needs child. Each interview (preliminary and exit interviews) and meeting (weekly action research meetings) was taped and transcribed and lasted from one to two hours. Smith (1983), in his study about the meaning of children, adroitly describes the important function of tape-recorded conversations in hermeneutic research:

> In many ways, it [recording interviews] might be understood as standing as an intermediary between spoken word and written text. ...it has no interpretive power, no voice of its own which is able to speak beyond what is spoken, which is the true function of literary work. The value of the tape recording of speech lies

> in its power to reproduce the spoken word in a more dense way than, say, verbatim transcripts are capable of doing. That is, it is able to carry the broader sonic universe in which the original spoken word is embedded. For interpretive purposes, when the spoken word is being re-heard, what becomes available through the tape, apart from the explicit words, are background noises, unnoticed vocal inflections and tonalities of speech, etc., all of which can be brought to bear in a more genuine hearing of what is being said (p. 86).

Hermeneutics Permeates this Investigation

There is no method per se in Gadamer's hermeneutics; hermeneutics has rather been termed a "scholarship"(van Manen, 1990, p. 29). van Manen (1990) writes:

> ... there is tradition, a body of knowledge and insights, a history of lives of thinkers and authors, which, taken as an example, constitutes both a source and a methodological ground for present human science research practices...[hermeneutics] can be considered as a set of guides and recommendations for a principled form of inquiry that neither simply rejects or ignores tradition, nor slavishly follows or kneels in front of it" (p. 30).

Using my understanding of Gadamer and other more contemporary hermeneuticists (Carson, 1984; Smith, 1983), I followed certain guidelines espoused by the hermeneutic tradition. Specifically, my research develops from three distinct hermeneutic stages: 1) gathering data – conversational encounters between researcher and co-researcher; 2) active interpretation of data (tapes and transcripts); and 3) further interpretation and reflection on the meaning of therapy, action research and occupational therapy with the special needs child.

Stage one included meeting with the occupational therapists as a group to introduce the research (see appendix A for study description) and familiarize each participant with the action research project. Once we agreed on a structure, interviews and meetings were scheduled and the research was underway. During this stage it was my aim to stay open to the question of the meaning of therapy and to begin to allow each participant's "horizon" to emerge. As previously mentioned, we first met as a group to discuss the project. I then interviewed each participant of the action research project separately to get some background and to establish "where they were at" from an individual perspective in relation to their practice. This was done using open-ended questions (see appendices B & C). Once we had completed the initial interviews, we then met weekly as a group to conduct the action research. Each meeting was transcribed into text for later analysis. Finally, I had an "exit interview" (see appendices B & C) with each therapist to get their impressions of their experiences with the action research as well as to see if there were any perceived changes of themselves or their therapy.

Stage two involved listening and re-listening to the transcribed tapes and identifying the themes from our conversations. After the initial interview with each therapist, I returned the thematic analyses to Niki, Heidi and Carrie so that they could corroborate my descriptions of their experiences. This first interview helped to orient the conversations toward the meaning of therapy for each individual. Further questions regarding their practices, action research, professional development and the special needs child began to surface as we delved more deeply into conversations related to therapy. The exit interviews with each therapist were also analyzed for themes and again given to them to verify their authenticity. Selected accounts of the action research study were also examined for themes relating to the phenomenon being studied.

Stage three entailed an additional analysis of the meaning of occupational therapy with the special needs child as it developed through our dialogues. It was during this stage that I endeavored to translate the conversations from the study into hermeneutic writing. The aim of hermeneutic writing is to discern what the text is trying to say by allowing it to speak again in a different voice and at a distance from each individual. "An interpreter seeks to bring what was spoken, out of its singular voice, into a more ideal form, one which makes explicit that which may have been silent or needs necessarily still to be said" (Smith, 1983, p. 84). Here I took a step back from each therapist's experience and allowed insights about the meaning of therapy to emerge. In the following chapter I provide the thematic analyses as well as selected action research experiences which express the various meanings of occupational therapy with the special needs child.

Ethical considerations in a Hermeneutic Endeavor

The advent of unorthodox ideas of knowledge and method has questioned conventional research and has expanded our awareness of its inferences, which require further scrutiny. Hermeneutics can be seen as a legitimate form of research which belies the notion that only quantitative or "hard" science can deliver a valid research result. In looking at the argument between qualitative and quantitative schools, Grenz (1996) summarizes it nicely when he says: "the old objectivist position is no longer viable, that there is no single, timeless truth existing "out there" independent of particular perspective or method waiting to be discovered by means of scientific procedures" (p. 109).

In order to meet the requirements for rigour within this qualitative study the following criteria – credibility, transferability and dependability -were followed to ensure the study's legitimacy. These criteria were taken from Lincoln and Guba's (1985) trustworthiness categories of naturalistic inquiries.

The first criterion, credibility, has as its central construct the following : "...when it presents faithful descriptions. It is considered credible when co-researchers or readers confronted with the experience can recognize it" (Koch, 1998, p. 1188). Lincoln and Guba (1985) state that during the research the researcher must use prolonged engagement, persistent observation, and participant checks to ensure that what is experienced by the participant is accurately portrayed by the researcher. In quantitative research the analogous criterion is known as internal validity.

The second criterion, transferability, means that the original context must be transferable to a different context. Lincoln and Guba suggest that a collection of thick descriptive data will allow the reader to establish transferability to a different context. In quantitative research the corresponding criterion is known as external validity.

The third criterion, dependability, determines if the findings of a study would be duplicated if it were repeated using similar subjects under similar conditions. A dependability audit can be used by examining the process used in the study. The researcher details the choices made in regard to theoretical, methodological and interpretive decisions throughout the thesis (Koch, 1998, p.1188).

The Journey Continues

The following chapter introduces the reader to each participant and her reflections on the meanings of occupational therapy, action research and occupational therapy with the special needs child. As well, specific narratives from the action research experience emerged from the hermeneutic process of listening and re-listening to conversations held between researcher and co-researcher(s). A reconstruction of these conversations is offered in thematic analyses, which constitute the beginning stages of the hermeneutic writing process.

Chapter 4

Meeting points along the Journey

This study would converge at three distinct points along the way to understanding. Juncture 1) Commencing the journey – an open-ended interview that began to point to the meanings that therapy and action research held for each participant, Juncture 2) The action research project – where conversations occurred about the participants' experience of action research, occupational therapy with special needs children and the meaning that their practices held for them and Juncture 3) Completing the study – again open-ended interviews were used to get the therapists impressions of the study, and to explore their feelings about carrying out an action research project with peers as well as to help elucidate any discoveries they may have made about themselves along the way.

This chapter first describes the initial interviews held between co-researcher and researcher, the action research experience, and the exit interviews. Through these descriptions, the reader can begin to get a sense of how the research project evolved over two and a half months, and of the many conversations that were held amongst the occupational therapists in this study. The data presented here was chosen from themes relating to the meaning of therapy that emerged from our conversations. First level themes emerged from the three distinct points described above; I provide a synopsis of these themes for each participant on the next few pages. Finally, this chapter interprets the meaning that therapy holds for the therapists in this research. The resultant second order themes begin under the section headed The Meaning of Therapy.

First level themes for each therapist:

Carrie: Initial interview:

1. Joy of working with the special needs child and his/her family
2. Poor educational preparation for working with the special needs child: experience more important than education
3. Professional Development – barriers
4. Experienced therapists available as resources
5. Difficulties with the special needs child
6. Limited by time constraints
7. Lack of confidence as an O.T. and age as a barrier
8. Collegial support; security and knowledge
9. Gap in knowledge – gap in experience
10. View of life has changed
11. Technological advances and occupational therapy

Action Research Project:

1. Competency based on other's view of her
2. Desire for more confidence
3. Creative expression - enjoyable
4. Practice Freedom
5. Experience with senior therapist is intimidating
6. Importance of collaborating with senior therapist
7. Discovers value of videotaping and formal assessment
8. Changing approach is needed
9. Realizes "hands on" important to caregivers
10. Apathy in practice removed
11. Collaborative experience positive impact on her practice

Exit Interview:

1. Action research – opportunity for (forced) learning
2. Stressful & difficult getting started
3. Learning, interest & understanding biggest benefits
4. Practice goals as a result of action research project
5. Benefits of action research: changes in her practice & courage to try new things
6. Increased confidence around parents
7. Realizes importance of working with others
8. Appreciates support of OT colleagues (values group work & OT support)
9. Decreased Resources
10. Initiative for pursuing professional development
11. Ongoing professional development
12. Satisfied as an OT

Heidi – Initial Interview:

1. Rewarding and motivating work
2. Overwhelming and emotionally draining to deal with special needs children and their families
3. Dealing with death
4. Shortage of time to work with and learn about special needs children
5. Dissatisfied with occupational therapy education related to pediatrics
6. Mentor and support for professional development important for growth in profession
7. Vulnerability and knowledge; wanting safe access to information
8. The advantages of team work
9. "Hands-on" experience
10. Problems with feeding
11. Joy of working with these kids
12. Professional frustrations or self-doubts

Action Research Project:

1. Fears of judgment by others
2. Frustrations with feeding problems
3. Excitement related to research with feeding specialist
4. Doubts about OT efficacy
5. Creative expression exercise highlights work frustrations
6. Enjoys creative expression
7. Changed attitude and understanding of work
8. Views action research as worthwhile experience
9. Demonstrates new understanding to collaborative group
10. Permission to pursue professional development on work time

Exit Interview:

1. Action research – time consuming & rewarding experience
2. Challenge to get started – process rewarding
3. Enjoyed experiential activities despite reluctance
4. Recognizes importance of professional development
5. Realizes potential for solving practice issues
6. Appreciates support of OT colleagues
7. Mentorship
8. Recognizes knowledge and increased confidence
9. Benefits of action research: increased patience and decreased expectations
10. Views her work as more credible amongst team members
11. Discovers preference in learning styles
12. Decreased satisfaction as OT

Niki – Initial Interview:

1. Making a difference and providing hope
2. Parents can be a source of discouragement
3. OT role is huge – lack of time to address client issues
4. Eye-opening experience to the emotional aspects of having a child with special needs
5. Compassion and empathy for the world of disabilities
6. Culture
7. Undergraduate preparation for working with the special needs child
8. Decreased self-confidence about OT practice
9. Need for an experienced therapist's expertise to help with confidence about practice
10. Lack of "hands-on" impacts specific treatments with special needs children
11. Recognizes team support to be very valuable
12. Dissatisfaction as occupational therapist
13. Professional development

Action Research Project:

1. Self confidence – biggest barrier
2. Frustration and decreased ability to inspire parents
3. Hope for implementation of teaching tool
4. Self-discovery through creative expression – uncertainty
5. Discovery of usefulness of checklist through action research
6. Insights into approach with parents
7. Discovers value in her work
8. Importance of evaluating parent's knowledge and understanding for compliance
9. Pleased with action research results
10. Views collaborative research as avenue for support
11. Recognizes potential to become competent OT

Exit Interview:

1. Views action research as positive experience
2. Increased support amongst OTs
3. Action research benefits: a method to learn and improve OT practice
4. Shared feelings
5. Evidence-based practice
6. Improvement in practice – teaching caregivers
7. Increased value/potential
8. Increased understanding of treatment
9. Views professional development differently
10. More satisfied as an OT

Juncture one: Commencing the journey

With our preliminary meeting out of the way it was time to meet each therapist individually so as to set the stage for action research and to begin to open up to the question of the meaning of therapy for each therapist. I had arranged for individual meeting times with each therapist to be approximately one hour in length. The interview was conducted using open-ended questions that attempted to stay faithful to the meaning of therapy as it pertained to the participants' sense of what it was fundamentally for each of them to be therapists and the meaning that this held for them. The therapists' preconceptions and assumptions would no doubt come out of these interviews. The idea was not just to capture the essences of what each therapist was experiencing, the interview would be an opportunity to begin to have a conversation about their practices and what that meant for them. Hopefully, the spirit of each therapist's "being" would begin to extract itself out of our dialogues and encounters. The following is a recapitulation of our first interviews and the "horizon" over which each participant can be said to view the world.

Initial interviews

Interview with Carrie

Of the three occupational therapists, Carrie chose to be interviewed first. All three therapists are young, Caucasian and come from a middle class background. Carrie is 24 years old, married, does not have children and spoke of her personal interests which include singing and running, and she stated she was currently training for a marathon. She began her career as an occupational therapist in May of 1998 where she worked with

Adults who required acute and long-term occupational therapy intervention, in the community. She stated that her short stint working with adults helped her to get familiar with the "system" and the world of ordering specialized equipment which occupational therapists in this environment are expected to do a considerable amount of. At the time of our interview she had been working on the children's service in the community for approximately eight months. Prior to becoming an occupational therapist, Carrie described a number of jobs and volunteer positions where she had worked with children with disabilities. During our interview, Carrie stated that she had a lot of small children in her own life and that her experience working with special needs children in a summer program had a great impact on her desire to specialize in the area of pediatrics.

I was first introduced to Carrie through her other two colleagues and study participants, Niki and Heidi. Both occupational therapists had asked Carrie if she would be interested in participating in the action research and she agreed she would. She then arranged to attend our first get-together with Niki, Heidi and myself, on August 9, 1999. What first struck me about Carrie was the self-confidence she seemed to exude for her young age of 24 years. As she became more comfortable with me, she also displayed an enjoyable quick wittedness, which helped to allay tension, and demonstrated her ability to not to take herself too seriously. I also felt Carrie had great "people skills" and that this was definitely an asset as a young practitioner working with families. Carrie shared with us that she was pregnant halfway through the research. I was concerned about her well-being and requested that she let me know if the sessions were too much for her. She would later write in her journal that being pregnant had slowed her down and that she had been disappointed that she wasn't able to participate to her normal full-measure in the project. Throughout our time together, Carrie always gave the impression of being very interested in the action research process and I was very pleased with her effort which I thought was exemplary.

As mentioned previously, the participants and I had mutually agreed to meet at my home for the initial interviews and the action research project. We met at the end of Carrie's workday and I provided refreshments in hopes of putting Carrie at ease prior to beginning the interview. The interviewed was taped and took approximately one and a half hours to complete.

We discussed her responsibilities and feelings around being an occupational therapist with special needs children in the community. She stated that her responsibilities covered a wide range of skills and abilities: case management, direct treatment of clients, working within a multidisciplinary team, involvement with a variety of outside agencies related to client care, program plans, documentation, educating caregivers and agencies regarding specific treatments and regimens as well as medical concerns and precautions. Visiting clients was primarily done in the home, however, hospital visits, site conferences and a variety of other work-related visits had to be attended to, thus, driving to and from these places was an integral part of the job.

Carrie describes her experience working with the special needs child, as fulfilling and enriching. She also expresses her surprise at the happiness that working with these children and their families has brought to her.

> C: So for me, I just -- I just love these kids, all of them. And, just working with them in any capacity is just -- it's a treat. Also, getting involved in family, like being able to, sort of, integrate yourself into the family such that, there's that level of trust and rapport with the parent. It just makes it such a nice job when you get to go visit, not only a parent that you can enjoy being with but then a child in their home where they

> start to enjoy having you come. They know that you're coming with your toy bag.-- that's just a treat to dig through that, and it's not that, sort of, pressured therapy kind of a situation. And then, the kids themselves to me is just -- is just joy to play with them. I love them. Like, I seriously -- I think I can't believe that this is my job because I find them very joyous even the ones that probably some people would find frustrating because they -- some of them don't make a lot of progress, as you know; but I just enjoy being with them and noticing the very small gains that they make, if any. I just find it really very rewarding, very rewarding work; and that's even not having seen a lot of monstrous changes.

Carrie made it clear in this first interview that caseloads were high and that time was at a premium for many of the clients that she saw. Despite the demanding nature of her position, Carrie seemed to enjoy the variety and had a very positive outlook on these demands. She also seemed to be genuinely enjoying her experience as a therapist specializing in pediatrics and emphasized how her natural interest in special needs children was an impetus to continue pushing her to better understand and work at her practice.

> C: Now that I have a full time caseload, I'm finding—and the referrals just keep coming in…and I feel…limited. Almost, sort of, sad by the whole thing, that there's these kids, you know, I can see their files on my desk; and I think, God, I really need to see that child; but the problem is those are the ones that get left or those ones that aren't acute at that moment--On the other hand, I should say I also like the pace of having lots of new referrals, getting new kids all the time and getting to see new things, as opposed to, maybe the 20 on the caseload that you keep forever and just keep seeing them over and over again.
>
> K: So you feel it's quite challenging, constantly challenging you to work at your practice?
>
> C: Oh, certainly. Like, I was just saying to my colleagues the other day that I'm just –I'm just starting to feel like—I probably shouldn't say this on tape—but I'm just starting to feel like I'm understanding normal development. And it's taken me almost a year. I felt like I had a pretty good handle on normal development because I know a lot of –I have a lot of small children in my own life that I've seen develop. So I had the benefit of that experience, but I'm just starting to know it so that I don't

> even have to think about what a child should be doing or whatever at a certain age.

Carrie had a good insight into her limitations as a novice therapist and alluded to the fact that her education was limited in helping her to understand the special needs child.

> K: How would you say that your education has prepared you to work with this population of children?
>
> C: At the time, it—it didn't make any sense to me probably because it was a lot of information and not very well organized. And no children were involved, so we didn't see any kids, so it was very abstract. Like, something as simple to me now as tone, high tone, I had no idea what that meant. You know, it was very abstract, and I sort of memorized it probably or whatever, but now it's so obvious to me. Oh, that's high. That's tone. You know, it's so obvious; but not to be able to see it on a child when you're learning about it just makes all the difference. My experiences prepared me a lot more.
>
> K: And I can share with you. I still remember my first summer being out as an O.T.—and exactly what you said—I worked in adults in acute care, and the tone thing—one day I was working with a woman who just had a stroke, and I went, Ah,[pause] that's tone! So I can relate to that really well. Really well.
>
> C: Yeah. It's something that you need to, sort of, feel to understand.

As we continued to talk about her practice, I began to be aware of some of her insecurities and lack of confidence as a junior therapist.

> C: And you have that fear that they're going to ask you -- they're going to ask me a question that I DO not know the answer to, which happens. And you just wish you had that, really high level of confidence; so that, whatever they threw at you, you'd be able to have the answer and make them feel that, you are providing the right information because I know -- I mean, I get it all the time. Oh, my god. You're so young. they're wondering how long have you been doing this. And I would -- I would love it if I, sort of, had that real confidence that, no matter what, I would be able to, sort of, fire it off.

> K: So do you feel like you have a -- quite a gap in knowledge? You seem fairly at ease and happy with what you're doing. Do you have some frustrations with your gap in knowledge that –
>
> C: Oh, yeah. That's the biggest. It's -- it's huge. It's a great divide really. It's fortunate that we're able to work and seemingly satisfy our clients and our parents despite that -- But I just feel like that could be so much more that we could do if we knew what we were talking about.
>
> K: Right. Right.
>
> C: Umm, we know -- I know the very tip.

Carrie spoke about her appreciation for support that her colleagues are able to give her. She expounds on the security and knowledge that is gained from working within a multidisciplinary team specializing in children with special needs.

> C: Oh, certainly. Well, mostly, I think our collaboration tends to be with other rehab staff. And then, with the physios, that's where I really find I get a lot of help. We do a lot of joint visits. I get to watch them do their, sort of, handling and positioning. I learn from that because they're more experienced than I am; so I get to watch them, sort of, how they're handling a child; and I pick up little tricks and clues about what I'm going to do the next time I handle a child. And you know, we do -- we do really brainstorm with each other about, Umm, this is the situation; this is the child. You know, What you suggest for a transfer? I mean some of those things aren't really discipline specific. You know, it could be they that go or myself that goes and does the transfer training. So we can talk about that, sort of, thing and what they think would be best and -- yeah. No, I think that's probably part of the reason why the job is so enjoyable is having those resources and a really, really good supportive team, too, that are willing to spend the time to talk and a team that, you know, that recognizes that they're also, sort of, learning, especially the rehab staff, you know; everybody's sort of on the same page and nobody's too busy or whatever to teach or to talk. Yeah.
>
> K: So it really sort of enhances your work; and maybe as not having the years behind you, it actually helps you to grow more?
>
> C: Oh, certainly. It gives you that -- that feeling of security. Even to have the physiotherapist present at a home visit -- not even doing anything while I'm doing my thing -- is great because sometimes they'll pipe in and say, Oh, yeah-- and give me a suggestion which I really appreciate or vice versa and -- no. Yeah. I don't see any disadvantages, not at this point.

Throughout the study each participant and I wrote our experiences in our journal. As much as possible I would give each therapist copies of my journal from the week before and they in turn would give me samples of journals excerpts as they were comfortable. Carrie, Heidi and Niki each wrote of their experiences with the first interview. They are included after each synopsis to give the reader a deeper look into the lives of these therapists as well as their perceptions and insights into this particular event.

Excerpts from Carrie's Journal:

> August 23, 1999
> This evening marked the beginning of my journey into action-based research, thanks to the thesis project of Kathy Mulka. I had the best intentions of reading her proposal over the weekend in preparation for our meeting; however, a wedding in Saskatchewan made this task almost impossible....I was able to spend twenty minutes scanning Kathy's paper to have a slim idea what I was getting into. Of most significance in the reading was the emphasis that this process (i.e.: action based research) would be most beneficial for entry-level therapists, which of course, Niki, Heidi and myself are. In some ways it was comforting to know that being "green" was actually of benefit to Kathy's research; it rarely is a benefit, you know. I felt that the interview itself went very well. I felt at ease with Kathy and was able to answer her questions without difficulty. At no time did I feel uncomfortable about the line of questioning or the situation overall. I might have seemed a bit ridiculous as I gushed about the enjoyment I derive from my work, but it truly does come from the heart! I was shocked that Kathy is 38 years old and has been practicing for 13 years; I'm sure that I will be able to learn a lot from her experiences and I look forward to that. My next task is to discuss the scheduling of our future meetings with Heidi and Niki. I think it will be a challenge to coordinate all of our schedules and I am hopeful that we can fulfill Kathy's time requirements. Before our next meeting I intend to read the journal article provided by Kathy and have my consent form signed.

In all, I identified 51 topics and 11 themes from our 1^{st} meeting together. Under each theme I had written the verbatim transcript that captured the meaning of what I thought her experience was. I carried out a thematic analysis and returned the themes to her for her corroboration, prior to the group's first action research meeting. The themes for each therapist are included at the beginning of this chapter. Please refer to the appendix for samples of the first level of analysis and each therapist's initial interview.

Interview with Heidi

The next interview was held with Heidi who is 25 years old and lives with her boyfriend of several years. She also has no children. She enjoys dogs, running, theatre, movies and pottery. She has worked as an occupational therapist for the past two years.

Over 1 year of that period has been working with children. Heidi also described volunteer programs where she worked with special needs children and stated that it had always been her goal to specialize in pediatrics.

I first met Heidi while she was a student carrying out an occupational therapy placement working with adults. She had asked her supervisor, at the time, if she could observe a home visit with an occupational therapist working with children. Her supervisor contacted me and that was our first encounter together. I remember very clearly how excited she seemed about the prospect of working with special needs children. I also remember how intelligent and astute she was and how quickly she came to understand many of the treatment principles we discussed before and after the home visit. It was with pleasure that I again ran into Heidi when she was hired on to the children's service. I had provided some consulting services to the organization where Heidi worked and she attended one of the in-services I had given. During these meetings I began to explore Heidi's interest in participating in a study using action research. I was thrilled when Heidi expressed her interest in being involved in the research.

Of all the participants she appeared a little more doubtful of the research's ability to help her out with her practice. At times, she was very soft-spoken whereas at other times she was very direct. She also had a great sense of humour and downplayed her skills a great deal. During the research, I also learned that she was in the process of moving and, at times, I could tell this process was an added stress to her already full schedule. On the day of the interview I was late and upset that I had kept her waiting. She took this all in stride and did not appear bothered by it. Again, the interview was held at my home at the end of her workday. These are some of the impressions I had from our first interview (taken from my journal):

> I wonder if she found the interview meaningful enough or relevant. Heidi is in the middle of purchasing a new home and I got the impression this was somewhat on her mind. I found her to be a little tired and maybe fading out at times during the interview. I thought Heidi was pretty deep, insightful and real. She is asking some very important questions about her practice and I'm very interested to pursue this with her – if that's possible. I do remember very profoundly how the "time-thing" can really suck a person dry. I also know the emotional impact these kids can have on a very sensitive, caring person. I feel almost protective and want to share my experience with Heidi to assist her in this area. I must not be too presumptuous here. This is Heidi's experience after all, not mine. I did get a little excited when I heard Heidi talk about not having the time to be current and think about her work. Maybe this can be an opportunity for that. I did share that with her and I hope that I'm right. I must remain

> conscious of how busy these O.T.s are. Heidi has a lot on her plate and she has mentioned a few times that she is concerned that this study may make her life too busy. How can I facilitate things going easier? Do we need to discuss this? --Heidi talked about wanting a mentor, support group and "safe access to information" I think these are all key topics and perhaps worthy of pursuing with the critical incident or drawing/art.

Our first conversation focused on coming to understand how Heidi perceived her practice and how she felt about working with the special needs child. Heidi indicated that her work with children was very enjoyable and that she felt she could really impact the lives of children and their families through her work. She also saw it as a means to help her to appreciate her own life more. She expounded on how this field of practice was more suited to her needs and inspired her interests more than other areas of occupational therapy.

> H: I find it incredibly rewarding to work with these children and their families. ...I find that one thing with O.T. is that -- I find that in some ways I can really make a difference in the lives of these children and families, and so despite the fact that some days it's really sad to be coping with these problems and whatnot -- but I also find it really rewarding, and it helps me appreciate my own health and my own life and where I'm at so I think that's really a neat thing to be able to sort of put things into perspective for you.
>
> K How would you say that working with special-needs children has made a difference in your occupational therapy practice? As opposed to working with adults or -- or could you say it's made a difference in your practice?
>
> H: I think that working in Peds [pediatrics], children are way more motivated. They're a lot more fun to be around. They have a lot more energy. Umm they're very resourceful. They're curious. They're all things that, umm, working in long-term care with a lot of older adults I find was not there, so I think I have -- I have tons more energy to devote to them; and I want to spend the time with them and work with them; whereas working in adults, I just didn't find I was as motivated; and I just didn't really enjoy it as much, didn't get much sort of joy out of doing it; but now I do.

Heidi was also able to share the difficulties inherent in working with this population. She described the emotional toll it could take on her and the many sad realities that were thrust on her because of the nature of the job..

> H: it's a very huge eye-opener in terms of the kinds of things that are out there, the kinds of diagnoses that you see, the kinds of problems you see. It can be sometimes really overwhelming to see what families are coping with and to see what, umm, what children are coping with…
>
> H: Emotionally, it can be really draining to work with them. I mean, you have families that are -- are grieving; and you really can't help but be, sort of, a part of that and be, sort of, a part of that sadness because in some cases, it is really sad.

Throughout our one-hour conversation, Heidi returned again and again to the notion of shortage of time in her practice. She expressed her great frustration with not having enough time to see children, reflect on her practice or learn more about specialized areas of concern.

> K: Is that an issue for you? Time?
>
> H: It's a huge issue. I can't even begin to express what an issue it is, and it's a frustration, for sure, just not being able to have enough time to do the extra things that I would like to do in my job and, you know, to be able to feel like -- feel supported in taking the time to do what I -- what I feel I need to do in terms of whether it be coping with, you know, stresses at work or coping with death or, you know, just professional issues, you know, exploring other treatment options or doing that kind of thing. I think that's probably the number one frustration –
>
> K: Do you feel that you have the resources to help solve difficult and challenging problems with the kids that you work with?
>
> H: …but I mean, again, it's all about time. We just don't have the time. When you have, you know, 36, 38 kids on your caseload that you're seeing on a regular basis, it's just really hard to, umm, find the time to do it. So that's kind of frustrating, although I do try and, you know, do extra reading here and there. I don't know if it's the most updated and most current literature. So that's, you know, something I wish I had greater access to, I think.

> K: And do you feel that if your caseload was lower that you would –
>
> H: Yes, I do. I absolutely do because I don't feel that with the resources I have and the time that I have that I'm serving each client 100 percent. I can tell you that I probably serve them at 60 percent. And I just have accepted that.
> K: And is that changing? Is that feeling getting worse?
>
> H: Yes.
>
> K: It is. Okay. So it's getting even worse which makes much more -- much more difficult.
>
> H: Yeah. I'm up to an all-time high with how many cases I've got on my caseload.
>
> K: And your other colleagues are sort of in the same boat.
>
> H: Absolutely. And the hellish workload is, umm, being equitably distributed.

Heidi talked about some of her vulnerabilities as a novice therapist out in the field. She expressed her desire for a mentor, group support and being able to learn in a trustworthy atmosphere that would not judge her for her limited knowledge in the area of pediatrics.

> K: So, you mentioned, sort of, being more up-to-date with the current practices -- having a mentor. Are there other things that you can think of that -- that if you could access, would make your practice easier?
>
> H: If I had greater access to the Internet, I think that would be helpful. Umm, if I had like even -- even a support group, like, of some therapists that are working in a specific area, I think it would be really nice to share ideas in a very non-threatening environment because I -- I don't know whether it's just me or if it's just -- no. It's probably just me. I just hate the feeling of feeling vulnerable and having to turn to a colleague outside of I feel very comfortable going to my colleagues; but when I have to go outside of that, I feel very vulnerable having to ask for help, considering that people out in the community may not have the greatest impression of home care or what home care does. And having to refer to them for problems that I'm having on my own caseload, I feel, umm -- yeah -- just

vulnerable about doing that and kind of reluctant to do it, so I do it in only extreme cases.
K: So, do you have some current concerns about how you're viewed?…is that a limiting factor that prevents you from -- getting what you need?

H: If I'm to be totally honest, yes. I think, you know, having -- wanting to just save face and feel like I'm in control of -- of my job and what I'm doing with families and with kids, I think that definitely, I have concerns about how it -- how home care is viewed and how I'm viewed and how the O.T.s are viewed.

K: Right. And maybe not knowing some of the resources, the people out there -- and whether, like you say, whether they're safe or not.

H: Right. Exactly.

K: That's difficult.

H: Whether or not I'd be judged professionally by going to them or -- whatever.
I worry about that.

H: I wish I had, you know, safe access to information; and, umm, you know, information-seeking from others.

K: Can you elaborate on that a bit? Safe access to?

H: Just being -- just that whole feeling, as I was saying before, of being vulnerable and not wanting to reach out and not wanting to -- sort of, compromise myself professionally, umm, to get the information I need. So that's what -- kind of what I mean when I say safe access -- to information. Just being able to ask someone I know and trust and being able to say, look, I don't know what the frig I'm doing, so can you help me out here? You know.

Excerpts from Heidi's Journal:

Initial interview with Kathy today. It's strange even though I know her and feel quite comfortable with her it is weird opening up to someone on a personal level and it being recorded. Its not like those words can ever be forgotten or taken back. I also realized during the interviews that I have not taken a lot of time to do any professional reflection. It is amazing that you can go through your day to day life on autopilot. Kathy asked many questions about what makes my job rewarding and it became very apparent that the kids bring so much inspiration when you consider their

> strength and the obstacles they have overcome. I always wonder how I would cope as a disabled person or how I would cope as a parent of a disabled child. Some of these parents with such few resources are truly amazing.—the other issue that came up was my total frustration with the lack of time in my schedule. I don't feel that I often have the time to grow and learn professionally. It seems that I go from 1 appointment to the next struggling last minute to put a program together or make arrangements for the family's needs. I hope that over the next few months that I take some time to do some additional learning. Although I really do not think I am alone in my frustrations.

This initial interview with Heidi revealed 12 themes from 69 topics explored in our conversation. As with Carrie, I gave Heidi a copy of the final 12 themes and asked her to verify the accurateness of my thematic analysis prior to our first action research meeting.

Interview with Niki

The last therapist to be interviewed was Niki. She is 25 years old, separated and has no children. She enjoys the outdoors, hiking, biking and skiing. She began her occupational therapy career two years ago and of the three therapists, Niki had been working with children the longest. The following journal passage depicts my impression of our first interview together:

> Interview with Niki today. She called to say she had a client near my house and "could she come early," I said fine. I am feeling pretty relaxed going into the interview. I greet Niki at the door. She is very warm and friendly. We chat about her recent holiday. She's exudes warmth and kindness. We have some snacks together and talk about how things are going. She says work is very busy – she sighs. Niki was very warm and open during the interview. Somewhat self-conscious but I felt she was very real. It's easy to probe with her about her feelings. She really opens up. I'm surprised to hear that the pediatric placement she had with Sharon and I a few years ago (she was my student for 6 weeks) was the impetus that made her interested in peds [pediatrics]. Very interesting. Of the three, Niki seems the most present and in touch with her feelings. She is going through a struggle with work. She is fed up with the frustrations

> and lack of confidence. I can relate to her feelings and understand. She seems very relieved when I tell her that early in my career I changed jobs every year. She seems to have lots of self-doubts about her practice and craves a mentor or experienced therapist's input. I realize that having collegial support, especially from experienced therapists is very important. This seems to be a theme with all three therapists; the need for someone to validate their work. Time also comes up as an issue and "hands on" experience. --I need to remain sensitive to where she's at. I explain to her that I want to be supportive and that it is important she tell me if I come across like a supervisor rather than a peer. Niki was my student 2 ½ years ago and I'm concerned that this may affect the power in our relationship. She assures me that she feels safe and that she is not concerned of an inequity in our relationship. I wonder how this experience will affect Niki? Will it help her even though she's feeling disinterested in her work? Is reflective inquiry an answer to some of her frustrations? I feel excitement that this approach could make a difference for these young therapists. I see potential and inspiration here. I'm surprised at how comfortable I feel and how interesting this process is thus far.

I inquired into Niki's work as an occupational therapist and she indicates that her position as an occupational therapist is enormous and encompasses a seemingly unlimited array of specializations and demands. She feels frustrated that she is only able to address a small number of the areas that an occupational therapist might normally pursue.

> K: When you mentioned that the O.T. role is huge --- can you share with me a little bit more about that hugeness?
>
> N: It just encompasses so many things. I think whereas more, say, physio seems to have more a distinctive role in gross motor, some of the respiratory things, you can just delve into so many things with O.T. as far as, you know, -- I'd say the fine motor and the cognitive and the feeding stuff is more straightforward in equipment; but I mean, if you had the time, you could delve into all the self-care things, a lot more of cognitive things than I think we have the opportunity to do. 'Cause, really, you're looking at everything in the person's life. I think one area that we really don't have time to address pretty much at all is the psychological and emotional part of it. So, yeah. I just feel like you go into a home, and there's so many areas to look at. Sometimes you don't know where to start.
>
> K: So the area of the psychological and emotional part of it -- what I heard you say was that sometimes you don't address that. Is that a frustration, or do you feel limited in your ability?

> N: Yeah. I often feel like there just isn't the time to do what we could do; and really, I mean, I wouldn't -- even if I had the time at this moment, I wouldn't even know what to do because I've never had the chance to even look at that or learn what I could do with that; but, yeah. I feel like and not and not even just that area; but sometimes other things like, like I was saying, some of the self-care things or just looking at how a client's home is set up for an older child, you know, seeing if they could -- I don't know -- turn on the light switch and really adapt the environment. I just don't feel like there's a time to do that. It's just go in to address the specific need that you've been asked to do and get out -- so you can go on to the next one.

During our conversation, Niki shared with me how working with special needs child had had changed her view of her practice and her personal life. She also described how she has become more understanding and caring.

> K: How would you say that working with a special-needs child has made a difference in your occupational therapy practice?
>
> N: I think it's really pointed out the importance of looking at the child's whole life, as in the whole parent thing that I was talking about before. ... it definitely opened my eyes just to the world of, well, different diagnoses and just the emotional aspect of it for other people in that child's life, how hard it is to, accept that your child has a disability and just changes their whole outlook on the child's life and, -- so it's just opened my eyes to all of that...
>
> K: So when you say it's open my eyes ... could you expand on that a little?
> N: I think I had a pretty limited view before -- well, not -- not really knowing what I was doing for one; but, I hadn't really had experience with people with disabilities other than with my -- in my practicums; but that time isn't really long enough to get a clear picture. So I think now that I've had more time, it's -- yeah.
>
> K: And how is that experience of realizing what the families, have to face or how is -- how's that impacted you?
>
> N: Given me lot compassion and empathy for those people; and I think just in general, I'm a lot more open-minded with other people, a lot more accepting of different people, people with different views or different ways of living and even just, umm, the fact that we get to work with so many--

Niki talked about her self-doubts about her practice and how this impeded her ability to carry out her work in a satisfied manner. And at times this lack of self-confidence undermined her skill and competence as a therapist. Her desire is to have a seasoned professional who could guide her practice and give her reassurance that she was in fact practicing in a skilful manner with her clients.

> K: So what I'm hearing is that you don't really feel like you always have the resources. So in an ideal world -- what kinds of resources or knowledge do you think would be helpful to help you feel more confident in your practice?
>
> N: An experienced therapist to, uh, bounce ideas off someone to -- I've never had someone to come out and tell me if what I'm doing is right. I mean, I've read stuff in books and then tried it, but I don't even know if I'm doing it correctly. It would be nice to have someone that -- yeah -- could, just -- maybe I am doing everything fine.
> I mean, a lot of times I'll be thinking, sort of, I'm sure about what I'm doing and then, you know, go to case conference at, say, the Glenrose or something; and they'll give all the same suggestions that I had; but it's just that confidence thing because I've never had anybody to tell me if I'm doing it right or not. So, yeah. If there was someone else around, that would be nice.
>
> K: And if not, what sorts of changes would you like to see made in your work environment, personally, in your practice, your clients, co-workers -- any of those things?
>
> N: Well, I'd like to have -- I'd love to have a mentor that was there exactly when I needed that person, that could, you know, if I could be comfortable with someone seeing what I'm doing without thinking, oh, my God, I can't believe she's been doing this for two years; you know, being able to give feedback that way. That would be very helpful. And having more hands-on experience, which neither of those I don't think I could get in this present job.

A common motif that ran through our conversation together was Niki's dissatisfaction with her own performance, lack of support and frustration with the demands of the job. It became evident that Niki was looking for the meaning in her job and struggling with her practice. She then disclosed to me how this dissatisfaction had left her wondering about her future in this particular position and she expressed her desire to reform her career as an occupational therapist to better suit her needs.

> K: So, you shared with me a lot about different aspects about occupational therapy with a special-needs child, and can you give me a sense of, -- with this current work, would you say that you're satisfied or not?
>
> N: Umm, no. I'd say I'm not.
> N: ... well, I'm feeling the need for a change, just ... I just feel like it's been two years; and I thought that by now I would, you know, have a handle on things and feel really happy; but I'm not. So I just think I need to do something because I've just -- I've just lost motivation to really make an effort at making a change, you know.
>
> K: Are there other feelings, other than just needing a change, that you can share with me?
>
> N: Uh, really frustrated. Really frustrated. I just don't know what else to do. I mean, I've tried a few different things to try and make it better, but nothing's happening. ...So, yeah. I'm just feeling really frustrated, really, unmotivated just to do any reading or -- learning that way.

Excerpts from Niki's Journal:

> August 27, 1999
> I am writing this one day after my individual interview with Kathy. I found the interview to be very interesting. The content was fitting as the questions examined my thoughts and feelings about my practice – something I have been examining within myself for several months now. The interview was quite emotional – I had a lump in my throat on several occasions. Again I feel this is because the topic was so personal. After the interview I felt very lethargic and unmotivated to do anything – I think I was emotionally drained. Today I am looking forward to the next section.

My interview with Niki elicited 13 themes from over 69 topics that we discussed. I also asked Niki to validate my interpretation of our meeting together prior to our first meeting as a group.

Juncture two: Action Research

Selected accounts of the action research project were chosen based on their ability to speak to the meaning of occupational therapy with the special needs child and the experience of carrying out an action research project. The initial interviews were helpful in pointing the action research in a direction of each therapist's practice. These interviews were also meant to encourage each therapist to begin reflecting and thinking about her practice. One week after the individual meetings, the action research project got underway. We committed to meeting at my home, once per week for 7 consecutive weeks for the actual action research project. Weekly get-togethers were held after work and the duration of each meeting varied from 1 to 2 hours. Each meeting was audio taped and then transcribed. The following excerpt from my journal captures the spirit of our first gathering together and set the tone for the next 7 sessions.

> September 9, 1999
> Had our first action research meeting yesterday. Heidi came early and was very friendly and talkative, she had a rough day with a client and needed to take an aspirin. Niki showed up and I then brought out some snacks, which they all seemed to appreciate. Carrie got lost but made it here within 10 minutes. They all seemed comfortable, friendly as I got their consent forms from them and explained how the meeting would go. They had no questions and were attentive. I asked if they had any problems with me using their real names and they said no. I recorded the session and gave a presentation on action research. Niki mentioned that I was very organized. They did the reflective exercises well, although Heidi seemed a bit impatient with her colleagues and tried to move things along. At the end they commented that they had a much better understanding of the process of action research and that it did not seem as intimidating as when they first heard about the concept. They all mentioned that they started journaling and I explained that the journaling was to help them become more reflective about their practice. They didn't seem to have any problems with that. We went 2 hours and then we were to do a creative expression exercise but I could tell they were tired so I said we could do it next time. They asked if they had to have anything ready for next time and I asked them to just think about their questions if possible.

> Niki and Heidi want to do something on feeding and Carrie said she wanted to do something different than that. I think it went well, I'm not exactly sure. What keeps coming up is the wide gap between these young therapists and myself. I hear their struggles and what I perceive to be many of their assumptions of what they can and can't do. I guess I must have felt like that at some point in my career. I am simply aghast at the amount of self-confidence issues that came up during our discussions. -- It must be very difficult to practice with so many questions and self-doubt issues. I'm having a bit of trouble grappling with that one. Some of the stories they relay tell of how very scary it is out there to be on their own with no "experienced" therapist helping them along. A lot of their struggles appear to be lack of knowledge and experience working with children. I really take it for granted what I know and what I am able to do with the kids I see. I think they are "bang" on though, when they say that they need more hands on work. I think that would definitely boost their confidence. -- I want to remain very sensitive to these therapists' struggles and concerns. It is very important to me that they feel supported and safe during this whole process. I do think I made that quite clear during our meeting. The meeting went a bit long so I want to try to keep our meetings very timely. The food helped a lot I think.-- They are somewhat timid and perhaps scared to bring up their feelings about their practice. I need to keep in mind that they work together and some of this maybe threatening – who knows? I also need to keep in mind their ages. They are very young. They are just beginning to learn about their philosophy about practice and they view the world somewhat differently from a therapist that has been out for a while. I am a bit concerned that they don't seem to even know what they want to research. Why is this? What can I do to facilitate this self-discovery without giving it to them directly? Reassurance, unconditional support, listening and reflecting back to them their concerns. Helping them to uncover their assumptions. They seemed to have grasped what action research is, although I get the sense they want me to help them "do" the research and that their plates are very full.

Once I felt the action research process was clear to the participants I proceeded to introduce the group to transformative learning through a reflective exercise (see appendix D). The idea was to use this particular activity to help the therapists look deeper into their practices and assist them to uncover assumptions they held about their therapy. I asked the group to complete the reflective exercise as best as they could. They took several minutes to complete the exercise and once they were done I asked if anyone wanted to share. One of the key features of transformation theory is that peers partake in critical reflection and dialogues with each other to help them to better understand their experience. With this deeper understanding they are then able to clarify their beliefs and begin to challenge and transform them if need be. Carrie chose to share first. She told us that answering the questions from the activity showed her that she bases a lot of her competency as a therapist on the parent's well being.

> C: Like, in generalities, I think probably what I found most interesting was that everything I wrote about when I've done good work, when I've done bad work, I feel best about my work whatever, it's all about the parent. Like, I rarely mentioned the child. I sort of did as an afterthought, but more -- my first instinct was to say, the parent is happy; or, The parent is satisfied or whatever and not really relating it to actually what the client was doing.

Niki referred to her reflections and pointed out to us that her biggest stumbling block in her practice seemed to be her self-assurance with her practice. She described how when watching a veteran therapist work and carrying out similar treatments how she felt that the more experienced therapist came across as more competent and more credible than herself. She also described the distress she felt about her inability to be certain that she was providing the optimal treatment for the children that she sees because of uncertainty as to whether or not her interventions were complete or appropriate for the child's needs.

> N: Umm, let's see. I think for me the hugest thing -- and I think you guys all know this --is confidence. I can see an experienced therapist doing the exact thing that I am, but they're more confident in doing it than I am and therefore more convincing--. So that's what I felt the last time I saw a really good O.T. was seeing an experienced therapist who was just confident and, sort of, convincing to the parents that they would want to do this for their child, and it's going to work whereas I feel a little bit more uncertain.

> N: I just -- what I worry most about is that I'm missing something or that I'm doing something wrong or this child isn't getting the best care that they could.

For Heidi the exercise brought to the surface her fear of not being able to respond to specific practice issues and therefore giving the impression that she was unqualified to her clients. Her lack of understanding of certain treatment principles limited her ability to clearly describe and understand specific approaches and this bothered her a great deal.

> H: What I worry about most is that -- not knowing the answer to a problem, not being able to explain why I'm doing a particular intervention, and then eventually not being seen as being credible; and that's something I think I fear like the devil, like, honestly. I wonder, what are other therapists thinking. Would they have given the same advice? So it's -- it's a confidence issue, too. -- and when do I know that I've done good work? It's always based on what a colleague or a family member would tell me and when I see improvements in a child's day-to-day function.

I felt the occupational therapists were beginning to critically examine their practices through our discussions and their own reflections. Immediately after the reflective task I requested that each group member participate in a second transformative learning activity. This time I would be using a critical incident. A critical incident is a technique that promotes critical thinking (Brookfield, 1987; 1990; Cranton, 1994) and "eliciting respondents' assumptions" (Brookfield, 1987, p. 97). Cranton (1994b) states, "Questioning the sources of assumptions and the consequences of holding assumptions probably does not consciously occur without the intervention of an educator or others" (p. 84). This particular exercise was also meant to guide them to have critical discussions, which are essential in transformative learning theory. By creating an atmosphere that permits open and contemplative discourse between group members, the foundations for a better understanding of one's practice would be cast.

Before explaining the critical incident, we discussed ground rules for group conversations. I asked each person to think of some of their best conversations and asked them to share with the group what they would like to see our group include for a great conversation. Once we had discussed conversations for a few minutes, we also went over how to have a critical discussion with fellow researchers (see appendix D). Next, I asked each therapist to think over the last several months and try to recall an incident in their practice which created a great deal of difficulty and/or discomfort. With the incident in mind, each therapist was then asked to describe her experience while her colleagues and myself began to ask them critical questions about their scenario to help unearth particular assumptions and/or beliefs they may have held about the event. Each therapist then explained what she had learned. It was hoped that by having these discussions, it would enhance the action research process and begin to get each therapist to critically examine their presuppositions and actions.

CYCLE ONE: PLANNING

By this point in the project each therapist had begun to seriously consider specific problems in their practice that they wanted to explore. Brookfield (1987) explains how revision of assumptions can be an arduous task.

> Taking a critical look at the assumptions by which we live is not an easy task, either cognitively or emotionally. It requires hard intellectual work for us to suspend our conventional beliefs and look for the taken-for-granted assumptions influencing our relationships, work behavior, and political conduct. It also takes considerable emotional strength and psychological courage to admit to ourselves that our familiar explanations and allegiances might need to be rethought and revised (p. 112).

My purpose in using different transformative learning strategies was not only to assist the therapists to critically examine their assumptions, I also wanted each participant to start to focus on questions in their practice. I chose to use a transformative learning strategy to facilitate planning of their research as well. I used a technique called Mindmapping (Wycoff, 1991) as a tool to get the therapists thinking about their research questions. Mindmapping is a form of creative thinking which encourages individuals to make associations and to look for alternative ways of thinking about a topic. We worked as a group to explore each co-researcher's subject matter and refine their action research.

After the reconnaissance period and during the planning phase of the action research project, each therapist began to get clearer on the topic for her research. The group meetings helped each therapist work through developing the questions they wanted to explore in their practice and how they would go about doing this. I acted as a facilitator and offered some guidelines to follow as well as literature searches, and reference materials related to their topics.

Heidi was interested in the components of an effective oral stimulation program for the children she works with. Her question was, "How can I improve oral stimulation with clients so that it is effective?" In discussions with her from our initial interview, group meetings and her journal reflections Heidi had made it clear that she was frustrated with her limited understanding of oral stimulation for non-oral feeders. In fact, she expressed doubts that there was much occupational therapy could do to help children with oral hypersensitivity and feeding problems. She asked me if I could provide any efficacy studies related to her question and I was able to provide her with several articles on oral stimulation for children with G-tubes, feeding the non-oral feeder and other relevant articles. Heidi opted to interview a speech therapist that primarily works with children who have severe feeding and swallowing issues for her action research project. This therapist had been working in the field for more than 20 years and was considered an expert in feeding and swallowing disorders with children. Heidi planned to audiotape the interview and share some of her findings with the group. She also planned to make up a self-questionnaire that would test her knowledge about feeding issues before and after her interview with the speech-language pathologist. Despite Heidi's doubts about learning anything new in the area of feeding and swallowing, she expressed her excitement about interviewing a knowledgeable practitioner and the results that it might produce.

Although Carrie was very interested in feeding problems as well, she chose to focus on a different area than her two cohorts. She decided to explore fine motor development. Specifically she wanted to ask the question, "How can I improve my observation skills in order to better identify grasp-release patterns during an assessment?" She wanted to be more confident in reporting her findings and to be able to incorporate these findings into her treatments and programming. At Carrie's request, I was able to provide her with some videos and references on assessing children's fine motor development. She asked if I would also carry out a home visit with her whereby she would first assess a child's fine motor skills and then I would assess the same child. We would video each other and then she would review the videotape to see if she could learn anything from a more experienced therapist's assessment. I offered to review the videotape and assessment with her and she thought it would be a good idea to then discuss what we each observed as well.

Niki was also very interested in feeding issues in her practice and decided that she wanted to look at educating caregivers around the topic of oral stimulation. Many of her conversations revealed her frustration with her inability to inspire parents to carry out oral stimulation programs for their special needs child. She also discussed the difficulties with getting parental involvement in this particular area because of the parents' limited understanding of the importance of oral stimulation for children with feeding and/or swallowing problems. Niki hoped that by providing a specific teaching tool, she could affect the outcome of a child's oral stimulation program and increase the likelihood that her clients could then tolerate oral stimulation carried out by their caregivers.

Several proponents (Brookfield, 1987, 1990; Cranton, 1994) of transformation theory suggest that transformative learning can be stimulated through experiential activities. Brookfield (1987) contends that "imagining alternatives" through drawing can help others to consider optional ways of acting and thinking.

> We are frequently caught within our own constructed and narrowly constraining paradigms-that is, the frameworks of understanding through which we make sense of the world. We define our needs from within these paradigms, and unless confronted with alternatives we may find it extremely hard to imagine these of our own volition (Brookfield, 1987, p. 112).

I chose a final transformative learning activity, creative expression, to help elicit further reflection into their work as occupational therapists with special needs children. I asked the group if they would be interested in participating in a creative expression exercise (see appendix D). I had set up the room with three tabletop easels and provided large poster paper, paints, crayons, felt pens, charcoal, glue, scissors and a variety of other art supplies. The easels were placed in such a way as to give participants privacy when working on their creative expressions. Heidi expresses well her reaction to the room set-up, "it was funny when I entered the first thing I saw was a table with easels and paints and I panicked. I thought great… now people will figure out how uncreative I am. These thoughts proved to be extremely thematic during our session today" (journal excerpt Sept 15).

Cranton (1994b) suggests a few strategies to "foster transformation" when carrying out an experiential activity:

> •Setting time aside for critical discourse related to the experience both during and after the experience
> •Suggesting that learners write about the experience in journals or other formats
> •Encouraging critical questioning… (p. 183).

When carrying out the creative expression exercise I attempted to employ the above strategies in order to encourage opportunity for greater insights into their work and themselves as occupational therapists. I also tried to reassure the participants that the creative expression was not to be a test of their artistic abilities. I then gave the following instructions for the activity:

> K: This is a creative expression exercise; you can choose to draw, paint, write a poem, or create something that expresses how you feel about one of the questions below. You will not be judged on your artistic ability, and this is not a contest, so no laughing… Simply try to get in touch with your feelings, and let yourself be drawn to a colour or material, which feels good to you. Any negative thoughts come up, just notice them and try to let them go. As much as possible, stick to your sensations rather than your thoughts, and allow yourself to play and create until the time is up.

I encouraged the therapists to focus on the questions presented and their sensations and to try not to be drawn in by their thoughts or worry about others in the room. I suggested that they could share their work at the end with each other but they did not have to do so if they were not comfortable. I then put on some music and let Niki, Heidi and Carrie proceed with the creative expression exercise. I sat and observed each therapist quietly gather up supplies and delve into her creation. I felt moved by their courage to participate in such an experience and wondered if this might be a vehicle for stimulating learning and promoting understanding. The music-filled room enhanced the power of the moment as they intensively took to working on their pieces. After about 20 minutes I inquired whether they were finished and then I asked the therapists to reflect and journal on their pieces. During a subsequent meeting, I then asked the group if they wanted to post their artwork up on an easel and share their experiences with the rest of the group. They agreed to do this.

Niki shared her work first. She described how she was uncertain at first how to proceed but then how the creative work began to emerge.

> N: Okay. I sat there for a while not knowing what to do, and then it just came out. So this is the child with food involved in oral-stim, me the therapist, and parent. So what came out of it is me just wanting to help the child and the parent and that I can't. The parent feeling helpless because they've tried everything; nothing's working. So that coming back to me on how do you help somebody that's feels like they're totally helpless and just -- they don't know where to start, and they're feeling overwhelmed. And then, the child thinking -- feeling, like, I'm just fine; I don't need any help. Like, I don't care if I don't eat. And just that going back to the parent who is really wanting them to eat, and that going back to me with me feeling like I want to help them, but do they want the help? Not being able to understand often why we're doing it. And that's it.
>
> K: So was it -- was it a surprise to you?
>
> N: Yeah, it was actually. I just -- I hadn't -- I was just drawing the child, and I was trying to figure out the food and stuff, and then it just -- this whole triangle thing came out of nowhere, honestly, and I just kind of thought, oh, that's kind of neat.
>
> H: I like how big the lips are.
>
> C: Yeah, I enjoy that as well.
>
> K: Well, it's interesting that the lips and hearts are the same material and color.

N: I didn't even really think about that.

K: And how -- and sometimes we choose color unconsciously, too. But, you know, I don't know what it represents for you love or -- so you've got a broken heart, or you've got a caring heart, and then you've got the child who is all heart or whatever and -- and so, did you learn anything new from this or –

N: Yeah. The part about the kid thinking that they're fine. I just never really considered that all that much, that really we're trying to do all these things. And actually, I think it was in a different -- where did I read that? I was reading some book on feeding, and it was talking that you really have the gain the trust of the child before you even start doing this and not focusing so much on, Okay, let's get her to eat this; let's get her to eat this. But they have to trust that you're not going to hurt them with what you're giving them before, and really, I don't think I really considered that, especially with the kid that has swallowing problems because often I'm not really sure how much they can handle so -- but yeah, anyways, that came out of that.

Heidi then shared with the group her artwork and her interpretation of it.

H: and it starts -- it kind of just is funny 'cause I didn't really know what to draw, and then I just sort of drew this. And what it ended up being is a kind of metamorphosis over time, so you can see the first shape which, interesting enough, looks like an amoeba.

N: Yes, it does.

H: So that made me laugh a lot because it's all tied to the final clock which is organized and holistic, and I see that as kind of the metamorphosis of a professional or sort of a professional development over time, which is interesting. And all of -- there is number on all those shapes, and they're variously disorganized until you achieve the ultimate organization which is like the clock on the end, and it's very symmetrical and very holistic, which is nice. And then, sort of in the core of the final clock there's sort of inner piece and an inner harmony and a balance, and it's kind of embodied by the words on there which are things like success, confidence, harmony, balance, those kinds of words sort of show up on the art, and then there's little yellow things. I'm not sure what they mean. But they're just kind of little shapes up there, too. And I think it represents my frustration with wanting to grow and develop but yet not having -- not feeling like I have the time to devote to it. I think ultimately that's what it means.

N: Did you have that idea going in the first drawing, first shape that you were shaping yourself?

H.: I had no fricken idea.

N: When you did the second shape?

H: The only thing that came to me is that I wanted my shapes to become more organized and the colors to be more happy and my colors to stay within the lines, so be balanced and be whatever. But no, the amoeba was just the really funny thing to see. Very amusing.

K: --and it's kind of like the development of a child, too.

C: That's what I thought it was when I first looked at it.

K: Becoming more developed and uniform and functional.

H: Very functional at the end. Imagine that – can't imagine that.

C: So where are you in this continuum?

H: Well, maybe like the big purple scribble.

N: That could be inner peace.

H: The clock is back there --like time management and growth.

K: You know what purple, the color purple, represents?

K: It's very spiritual.

H: It's my favorite color. I love it. I love purple.

K: It's beautiful. And it's very, very cool, both of yours. It's just absolutely -- I just love what came out of it, considering this is the first go; and, you know, you've got these critics in your head going like gang busters. And that's -- that's beautiful. That's very, very cool.

K: So what was your experience of carrying it out? And be as honest as you feel you can. Did you think, Oh, my God, she's really –

H: Well, I thought you were just out to lunch to start with, and I was going to have no part of your airy fairy deal.

K: But you did.

> H: But I did. Right. And -- and it was -- it was kind of cool to do. I like the little music, and I like the atmosphere of doing it and being forced to do something artistic because I do have an artistic side that I don't often get to use, and I think probably all of us do in this room. Some use it more than others. And so I think it was a sort of a forced opportunity to try to do that, and I thought that was good. But whether or not I would ever use this again, probably in the same boat as Niki just not feeling like I have time, and it's maybe not a priority when there's so much else going on.
>
> K: Right. And so was there anything new for you?
>
> H: I just -- it just highlighted frustration, I think, in a lot of ways, and that's not new. That's pretty old. It's tired.

Finally, Carrie shared with all of us her artwork and her impressions of her creative expression.

> C: I forgot a little bit. Okay. There's the little family, and the little -- the little blue one is little handicapped child because he's different from the other ones, and then, that's the little therapist with the dress on. That's me. And then, the butterfly is supposed to represent a metamorphosis of this little person, who in the end turns into a little more -- a little more like the others but still not exactly the same as the others because he will never be.
>
> N: The little guy at the bottom?
>
> C: Yeah, that's him. He's just -- he's changed.
>
> C: And the little purple and green is just the positive -- the negative is the green, and the little purple is like a smile, and I think there's an upside down smile, too, just showing kind of the process along the way of getting to that -- getting through that metamorphosis. Actually, I haven't seen that yet, but anyway, I imagine. (she laughs).
>
> N: And the arrows are the interactions with the parents?
>
> C: Yes, the family and the therapist are working together to try to create that. So that's what it means.
>
> K: Do you know what green represents, often?
>
> C: Green?

K: Green.

C: No.

K: Growth.

C: Oh, really? Oh, yeah.

K: So you've got your butterfly encased in spiritual green growth.

C: Right, as well as purple.

K: And how was this experience for you?

C: I didn't mind doing it as much, probably because I like playing with arts and crafts. I mean, I'm not really an artist, but I enjoy crafts and cutting and pasting like a kid, so I like that. But I mean, again, like the others, I don't -- it's not something I would ever probably do on my own, but it was fun.

K: Is there anything new for you?

C: I don't think so. Like, I -- I felt like -- in looking at it now, I still think it's very -- it's very systematic, and that's the way that -- like, it's not very -- I don't know. It's like an equation, you know, and that's sort of like my -- the way I do things. Like it's very that plus that equals that and that, you know. And it's not very -- so it doesn't surprise me that it's like that, but it's kind of too bad that it's not more -- I don't know.

K: Well, it sound like your critics are coming out to flog you.

C: Well, do you know what I mean? Like, it's -- it doesn't surprise me, but I just think it'd be nice if it was –

K: You'd like to be freer

C: --more free, yeah.

K: That's a good observation. That's a very good observation. Do you feel like that in your practice?

C: Oh, certainly. I -- I think we're confined by, you know, having to do things and get things done as opposed to being able the take the time to experiment and do things we'd like to do, yeah.

ACTION & OBSERVATIONS

It came time for each therapist to execute their action research and observe the results. Carrie describes in her journal what it was like to collaborate with a senior therapist when carrying out a home visit.

> Let's talk about the home visit. Talk about beginning the process was the most daunting and scary component. I was anxious about doing the visit with Kathy for a couple of reasons. For one, this was the first time that anyone has watched me work since I began my career eighteen months ago…Secondly, being in the presence of such an experienced therapist caused me some alarm as I worried that she would be shocked by my assessment skills (or lack thereof).

Although the experience was somewhat intimidating for Carrie, she points out the value of the collaboration.

> I find discussion with Kathy regarding the results of the assessment extremely valuable and interesting--The value of videotaping has become clear to me. Repeated viewings of the assessment allow me to catch many things that were missed during the home visit (Oct. 25/99 journal excerpt).

Niki also wrote in her journal about what it was like to carry out her research with clients. She had devised a checklist for reviewing an oral stimulation program with caregivers of the special needs child she was treating and discovered it to be very useful. She describes her insights and the importance of following the parents' understanding of the program to increase their compliance with it.

> Oct. 8/99
> I am going to do my home visit with my client for my project. I hope they agree to do it. Right now my thoughts about oral stim are that I think it could possibly work if for once I could get complete compliance with the program. I am still a bit skeptical about whether oral stim is effective--If I could have a success story, I think I would be more motivated to try harder with oral stim and to learn more about it.--I completed my home visit with my client. It went great! It was helpful to do the interview of the parents on the purpose of oral stim, etc. as I found out exactly how much understanding they had. I was surprised at how much they remembered, but there were some key elements missing. The checklist for the clients'

> tolerance of oral stim was great as it gave me a systematic method of actually performing the oral stim and a thorough method of documenting my assessment. –I think taking the time to interview the parents, review the points they were missing, do the checklist and have the parent demonstrate back really enforced with the parents that I consider oral stim to be quite important – important enough to ensure that they are doing this properly. I think this will make them more likely to follow through and to value it themselves. I am very excited about this as I feel that I'm communicating to the parents in a more professional, objective, concrete manner.

As the participants implemented research into their practices they shared some of the difficulties, frustrations, benefits and discoveries they experienced during this portion of the action research cycle. Niki stated that managing her time was difficult and this sentiment seemed to be shared by the entire group.

> N: I just would like to –I wish I had more—I had more time to put into it to give it a better effort. I'm just trying to get –half an hour before the visit, trying to slap together a chart and everything.

Niki had also mentioned that being able to have time at work to devote to professional development would be the ideal.

While discussing their experience I asked the therapists if they had any insights into their work. Heidi expresses how discouraged she is in her everyday work. Niki explains how her involvement in the action research has helped her to discover the significance of her work. She acknowledges that her approach to disseminating information to parents can really make a difference in her treatments. Niki expressed how she previously felt that her role was less significant than other disciplines such as nursing and physio and how this perception for her has changed. Niki's revelations appear to strike a cord of familiarity with her fellow co-workers and they extend their appreciation for her openness.

K: So and --and have you learned anything through this process about your practice this far?

H: Just how frustrated I am. Honestly.

C: But you knew that already.

H: Well, maybe I didn't -- like didn't recognize it on a daily basis 'cause I was just denying it or just on auto-pilot, but now I really know how much it pisses me off.

K: Right. Right. Is that a good thing, or is that a bad thing?

H: I'll tell you later. I don't know.

K: Okay. Because sometimes that is bringing to awareness, like, I am so frustrated with this is the only way you can sort of act on it or do something. Sometimes we just sort of go along muddling through; you don't really realize, and then -- or there's some potential that we didn't realize that we could reach because we didn't have the tools or something, kind of thing. So I'm hoping that you sort of see some potential. I don't know. And it's okay if you don't.

N: I learned something.

K: Um-hmm.

N: I just learned about -- that I wasn't really -- I don't think I was really valuing what I was doing. And when I went out this one, my last visit, and spent like the full hour just on explaining oral-stim and really showing them and making sure that they showed me back, I realized that when I show the family how important it is and to really follow up and keep doing it, I think they value it more, rather than just them thinking, Oh, yeah, this is just another one of the things that we have to do, but we're not really going to do it. But if I'm always saying like, you know, Are you doing this? Let me see you. Do you understand? Tell me why are we're doing it. I think -- I felt like they valued it more.

C: Can I ask you a question?

N: Yes.

C: Because of the parent that you were dealing with – do you think that made it easier because they were younger than you –

N: Oh, yeah.

C: -- and maybe saw you as more of an authority figure, as opposed to a set of parents like highly educated –

N: Oh, I'm sure.

C: -- older and looking at you like how long have you been doing this, right?

N: Those kind -- I think those kind of parents -- oh, I'm sure it was. And with those kind of parents, I would be more likely to make it seem like it wasn't really a big deal because I -- whereas now, I think I would more show them, like, this is important, and it's just as important as your nursing stuff and your physio stuff, you know.

C: I can't believe you've come up with this revelation.

C: I wish I would feel that way. That's fabulous.

N: But I think that makes a big difference, how I'm communicating because I think I always -- like when I go out on a visit with the physios, it's like, Oh, you guys can do your stuff first, and theirs will take up like 45 minutes, and I'll be, okay, I'm nervous about doing it in front of them, and then it'll -- my thing will be 15 minutes and I'll be, okay, that's good enough.

C: Yup. Totally. Same thing.

H: Same thing.

C: But I just feel like they know so much more than me, and I like to watch -- I do like to watch what they're doing.

N: Yeah, I do, too.

C: And then -- yeah, you're right. We're just nervous about doing it in front of them because they're gonna be like, what the hell are you doing?

N: But then I've also noticed after doing a couple of visits like that, the parent seems to -- I feel like the parent is looking more to the physio to ask questions, and more in -- they do the physio stuff more than the O.T. stuff. It seems like they're more excited about those things, so yeah.

C: That is a very good point.

H: Thanks for sharing.

Carrie identified that her fear had been holding her back from carrying out certain treatments with her clients. Niki could relate to Carrie's fears about implementing therapy in the home. Carrie was aware that demonstrating occupational therapy treatment on the child would likely be more beneficial to the caregiver's understanding of the treatments rather than just dialoguing about it with them. She also noted that her self-doubt was preventing her from taking action in certain areas of her practice.

> K: --and how--what a great job you guys are doing now even though I know you don't believe it, but even any small amount is valuable, and maybe that's something you can turn the corner on. But I hear how frustrating, how incredibly frustrating it is.
>
> C: For me, I think I need to take some responsibility for that because I'm like Niki, and I'll go out, and I'll spend 45 minutes talking to the parent about the issue or about the program, but why am I not doing it?
>
> N: Yes. Because I'm always scared –
>
> C: And I'm always doing that, and I think back, and I think why didn't I just do it because then it would seem more valuable to the parent, right, instead of just talking about it.
>
> N: Yeah, I'll explain, Okay, you need to go like this; and I'm like showing them, but I –
>
> C: Or talking about the importance of yeah, let's make sure he does this kind of activity. Well, why aren't we doing that? That's what I'm supposed to be there for, right. So I -- I do the same thing, and I beat myself up about it. Like, why? And it's a total confidence issue. You don't want to make a fool of yourself in front of the parent, so you just avoid it; or if they're satisfied, then you just, Okay, that's fine.

The occupational therapists begin to gain more insights into how they function during home visits. Carrie notes that her physiotherapy colleagues take charge in a treatment situation which she feels in contrast to the occupational therapists. She suggests to the group that they need to transform their roles to a more active one in the client's home. The junior therapists also disclose that feelings of insecurity often thwart the desire to venture into unknown territory related to practice performance.

> C: But it is unfortunate that we don't have that confidence to just –
>
> H: Sure. No, absolutely. To walk in there –
>
> C: Because you're right, I'm sure --'cause the physios, they do that. They handle the whole visit, and that's what we're not doing, and no wonder the parents see that as more valuable. We're more passive, they're much more active, so it's kind of something we need to change.
>
> K: Good insights, very good.
>
> C: I'm glad to hear you say that (referring to Niki) because I totally feel the same way, I'll drive away and say, 'why didn't I just do it?"
>
> N: Oh, I know. And even sometimes, I'll have it written down: Next home visit we'll blah blah. And then I'll go out , leave and think, "I didn't do it again!" and I'll blame it on the parent. I'll be – they lose a lot of it -- but I just wasn't –
>
> C: Don't press the issue.
>
> K: So is some of it about risking –
>
> N: Oh, yes.
>
> K: -- how you look.
>
> H: Totally.
>
> C: all it's about is not feeling –
>
> H: Pride.
>
> C: Pride. And -- but walking in there already feeling inadequate, so you don't want to jeopardize that because you're already feeling inadequate so you don't want to add to it. That's how I feel.

As the junior therapists carried out their research and observed the procedure, I noticed them delineating where the problems in their practice were and becoming clearer on what they needed for their practices and for themselves.

REFLECTIONS

Finally it was time for the co-researchers to reflect on their experiences in cycle one during our final group meeting. Each co-researcher also presented their findings from cycle one to their co-researchers in a mini-presentation. I asked Heidi whether she had found the interview she carried out with an experienced feeding specialist valuable or not and she affirmed that it had been. She also stated she was clearer on the components of an effective oral-stimulation program for children. In addition, she shared some of the understandings that resulted from her project. Heidi, who had been very skeptical at the outset of the study, reveals how she came to apprehend some of the rationales behind oral stimulation that is effective for special needs children. One of her cohorts commented on the change in Heidi's understanding of the topic when she stated:

> But it sounds like you've really—you sitting there describing the articles, it's quite a difference from when you were talking about oral-stim before and saying, what's that and what's that? And now you have the language and everything. It's quite amazing.

Upon reflecting on her action research, Heidi explained that she would have put a lot more time into the project. Evaluating her project at this point with the group's support helped her to make the decision to administer a second interview. Her plan was to partake in an interview with an experienced feeding clinician to help further her learning in this area. This would comprise her second cycle of the action research project.

Carrie shared with her colleagues how she came to discover videotaping as a valuable resource for learning about children's development. Her and Niki took it upon themselves to review one of Niki's clients using videotape and she shared how helpful it was for her in better understanding fine motor deficits. Carrie noted the following:

> And the thing that I thought was really good was the video tape. …that was one of the things that I learned about this whole thing is that video taping was just extremely valuable because during the actual assessment I'm just so focused on trying to get them to do certain things, but I don't catch everything obviously. …I really saw the value of that, and I think in the future I might use that a lot more, use the video.

During our joint home visit together, Carrie had observed me use a formal fine motor assessment tool. She had been too intimidated to use this particular tool in the past, however, after watching me use it she felt that a more formal assessment battery might give her more credible results and provide her with more specific observations for her to plan her treatments around. She decided that her second cycle of action research would entail using a formal assessment to evaluate her client's fine motor function.

Niki described her project and the importance of evaluating the parents' knowledge and compliance of an oral stimulation program. Through her use of a checklist, that she had devised herself, she was able to specify key areas where caregivers were or were not learning about oral stimulation. This particular approach gave her the opportunity to re-educate the parents and ensure greater understanding and compliance. Niki was pleased with her results and reported that she hoped to learn more about oral stimulation in her second cycle of action research through observation of other therapists and/or literature reviews.

Reflecting as a group the occupational therapists recognized that they would benefit from an experienced occupational therapist on staff and informed me that they had approached their supervisor about this and that she was supportive of the idea. A discussion then ensued about the importance of support and the advantages of a collaborative effort.

> K: And you guys work well together, from my perspective. You sort of draw off each other like I said before, the last time that you guys were talking about your practice and I think realizing that your peer is just as frustrated or lost or keen or not keen as you are. I think that's really, really helpful. And so even developing that kind of support amongst yourselves. Like you guys really all are sort of supportive but maybe more sort of practice-wise now.
>
> N: Yeah, I agree, 'cause even looking at the videos with Heidi and Carrie separately and talking about them. That was really – it was really supportive, just to see, okay – I am seeing what I saw. You know, just to be more confident in giving programming and things like that, that I feel that I can really competently say to the parent, "This is what we need to do; and even if need be, to say, you know, that I discussed it with my colleagues, and this is how we all felt.
>
> K: Um-hmm. And maybe the scariness of doing that with someone else is less, too, now that you have sort of experienced it.
>
> K: So, in terms of your professional development, what – after this experience, what kind of blocks do you see to doing something like this or any of those kinds of goals?
>
> C: Well, I was just actually thinking on a more positive note that I – we always feel –we always talk about feeling frustrated and not having enough time and all that, but I thought because of the fact that we were all involved in your project and we were sort of required to do some of these things, I feel like it's – like that apathy is removed, and I feel more like I'm doing something about it as opposed to just feeling frustrated and pissing and whining about it. It's like, okay, well I still don't know a lot about fine motor development, but at least I've done a few things to try and improve my knowledge, and it makes me feel better even as a therapist working with my client. I mean, I still don't really know what to suggest, but at least I feel like I'm working on it, and it's – that's the best I can do is to try and learn about it.
>
> K: Great. Great.

> N: And it feels more achievable that we can be that therapist that we want to be eventually. I mean, it would take a long time, it's not like it's hard, it's just a matter of making—
>
> H: Making it a priority.
>
> N: Yeah, exactly.
>
> H: We did. You know, we had to, and it was very useful.

While carrying out the action research, each therapist had a different perspective on how the project impacted her work and how much time they could afford to spend on similar projects in the future. As well, the participants spoke of their frustrations with the time constraints that limited their ability to pursue further professional development. Through our discussions, the therapists discovered how they could come together as colleagues to share knowledge and concluded that professional development was important enough to be carried out during work time. This belief was contrary to the assumption they had held at the beginning of the research that they should cultivate professional growth outside of work hours. Another insight that emerged during the reflective portion of their inquiry was their desire to have a supportive network of peers where they could dialogue and collaborate about problem cases and practice issues as well as gain encouragement from colleagues. During our last session together the occupational therapists wanted to let me know that they had made a plan to meet as a group every two weeks. I asked them if they were planning to do this on work time and they agreed that they would be able to have a collaborative meeting on work time. Heidi commented, "Just having that permission amongst ourselves to do that is really neat".

Juncture three: Exit interviews

With the action research completed it was now time to reflect further on what the experience had meant for each therapist, how they now viewed their practice and what other insights they may have acquired as a result of looking deeper into their work as an occupational therapist with special needs children. As I felt each therapist had given up a lot of their own time to drive over to my house on a weekly basis to carry out the project, I offered to meet them at their place of employment for the final interviews. Following is a summary of that experience with each participant in the order that they were interviewed. I met each therapist at her worksite where we then proceeded to a large private boardroom where the interview could take place. Each interview was audio taped and transcribed with their permission.

Niki

My first exit interview was with Niki. She was very relaxed as I turn the tape recorder on to record our last meeting together. I asked Niki to describe her experience carrying out an action research project as well as how the experience had affected her relationship with her colleagues. Niki described the project as beneficial and providing an opportunity to build deeper relationships with her peers during the research and on the job. She stated that it helped to educate her about issues in her work. Niki indicated that the action research also enabled her to feel increasingly at ease when discussing individual cases with her co-researchers at work. She stated that prior to the study she might have been less inclined to approach her colleagues about certain client concerns for fear of judgment.

> N: Oh, I think it was a very positive experience in that, well, I did the research project with colleagues of mine; so it helped us to connect, not only during the

project time but at work as well; and it also gave me a means to start learning some -- about some of the things that I was feeling uncertain about in my practice, although it was time consuming but all learning is.

> K: How about your relationship with your O.T. colleagues, has that changed at all?
>
> N: I don't know that the relationship itself has changed, but I think I'm really -- I'm making -- although in the past, we had -- we had approached each other to talk about clients and that kind of thing, but I think maybe I'm a little more comfortable in doing that now, knowing that they are pretty much feeling where I'm at, whereas before I might have assumed that they might think it was a stupid question or something like that. So I think I'm more likely to review things with them now and get their opinion and –
>
> K: To reach out.
>
> N: Um-hmm.
>
> K: For not only knowledge, but support.
>
> N: Yeah, for sure.
>
> K: Does it feel safer?
>
> N: I think so, yeah.

According to Niki, carrying out the action research project led to improvements in her practice as an occupational therapist. She explains that this particular research assisted her to zero in on specific practice problems rather than feeling overcome by an overabundance of problems. Specifically, she was able to begin to examine the purpose behind what she was doing instead of simply performing evaluations on children without really understanding what she was doing.

> K: Are there some specific benefits that you gained in carrying on an action research project over the last two months?
>
> N: Focus, like on one specific area, rather than just feeling overwhelmed by the plethora of things that I'm not feeling confident in. Yeah, so

> gaining really a method of breaking it down into one little question and learning that piece and then going on to something else.
>
> N: …but also just in assessment in general, well, I guess more in feeding or fine motor assessment or something like that, that rather than just blindly assessing what I thought I was supposed to assess; for instance, a child stacking blocks, whether they can stack them or not, I think I'll be looking more at why I'm assessing those things. Like, I'm looking at controlled release and, you know, all of those things, so I think -- I didn't really question why I was looking at the things I was looking at, and now I can start to learn how to break things down …

Niki's attitude toward growth in her discipline had changed since the implementation of the action research. She no longer believed that she would have to travel to expensive courses in order to acquire new knowledge pertaining to her career. She realized that she could create learning opportunities on the job once she reflected on where her knowledge gaps were. Niki also recognized that collaboration with her colleagues needed to take precedence and that regular get-togethers were of utmost importance for each therapist's professional development.

> N: I guess, that you don't need to go away and spend $2,000 on a course to learn something, that you can -- it's achievable to do it on your own. It's just -- well, you know, in a work setting. It's just a matter of figuring out what you exactly need to learn.
>
> K: And you mentioned that you as a group might start meeting together. So has that -- did you have a view before that you wouldn't be able to do that, or did this inspire something of that or –
>
> N: I think it made it more of a priority 'cause I think we all saw what the potential was for improving our practices and that it's obviously important and really, probably couldn't be disputed by management, to improve your practice. So yeah, I think it's made it a priority.

By this time Niki was able to give specific areas that she wanted to work on in her practice to better her competence as an occupational therapist with the special needs child. She spoke confidently of transforming her therapy in a steady way and understood that she still had a lot to learn in the area of pediatrics. She also acknowledged the practical strategies that came out of the research that she and her co-researchers would be able to implement in their practices right away.

> K: So what would -- what can you say or what would you -- can you share with me this experience that you had; what could you say it means for your practice?
>
> N: I feel that it means evidenced-based practice. I think it sort of gives more of a means of, well, improving my skills so that I can really establish a goal for a client and knowing have they improved or not and establishing more realistic goals by learning things a little better.
>
> K: Right.
>
> N: So, yeah. I think it'll just improve my practice in that way, although this will be a very slow process because there's so much to know
> but –
>
> K: Always.
>
> N: And I think just, you know, some of the things that came out of it as far as the video taping and the checklist and stuff like that, those are things that we can actually use in our chart to prove that, you know, what we've been doing and why we're doing it.

In all, I identified 31 topics and 10 themes from the exit interview. I carried out a thematic analysis and returned the themes to her for her corroboration, as I had done for the initial interview. As for the initial interviews, themes from the exit interviews are included at the beginning of this chapter. Please refer to the appendix for samples of the first level of analysis and each therapist's exit interview.

Carrie

We met in a large conference room two floors above their offices. The room was modern, spacious and had lots of natural light. I audio taped our session and took approximately one hour with each interviewee. Carrie was very relaxed and in good spirits. Throughout the study Carrie had revealed a great sense of humour and today was no exception. I explained that my purpose was to capture some of her impressions and insights into the action research process and what it had meant for her. Carrie stated that the action research project was an occasion to gain new understandings of her practice. The structure of the event required her to research areas of her practice she may not have pursued individually because of a lack of personal obligation. She was pleased that a format existed that pushed her to go after new understandings in her work.

> C: Okay. The experience in terms of just practical -- how it was practically, it was -- the way I look at it now is that it was a way for me to do some learning, sort of a forced learning -- that's a bad word -- but learning that I wanted to do but that I never would have done otherwise due to just finding other things that I'd rather be doing. So because of the structure of the project and us meeting weekly and things like that, there was sort of some deadlines and things like that which forced me to actually get some things done, which I really appreciate that I -- that I was able to do that. So that was good.
>
> C:...I just -- I did appreciate the opportunity. It was -- just to -- just to actually, like I said, to do some learning, just to get off my ass and do it. Really 'cause otherwise I would be no further ahead today than I was -- you know. So that's very helpful, and it's not like, like I said, it's not a whole mountain that I learned; it's just even that little bit is, like, just good.

In our discussions about the process of action research, Carrie shared with me how she began to appreciate how collaboration with her co-workers led to support of her practice. She also made the observation that working in a group was a valuable experience as it allowed her to hear and experience how others struggle and succeed in their own practices. The openness that developed through the group process contributed to a more secure feeling with the other therapists. Carrie felt that this security would lead to more open discussions with her cohorts about practice problems that might normally not have been discussed.

> C: Well, certainly a benefit from all the learning that -- the information that they shared from their own projects, so that was good. I think we -- we did do a little bit more collaboration in terms of questioning each other about clients and what do you think and what what do you see. We always did do that, but I think a little bit more now and maybe a little bit more sort of -- honesty is the wrong word -- but just feeling comfortable to really say, sort of, what you think you see, even though you're not very confident with that answer and -- whereas in the past, maybe we would have just kind of glazed over it and agreed with what they were saying and things like that. So now a little bit more discussion.
>
> K: So do you -- so am I hearing that you feel safer?
>
> C: Yeah, maybe that's it.
>
> C: Yeah. Yeah. That would be the right word. Yeah, just a little more comfortable being honest about what you think you're seeing or what you don't really understand or whatever. And I think we all always sort of -- because we're all sort of in the same boat, we already had that feeling to begin with but now a little bit more solid that way.

Carrie was able to identify that understandings of her work as an occupational therapist were best achieved through group discourse and when individual members spoke of their experiences. She felt that having similar levels of experience helped to provide a safe environment to learn.

> C: Oh, I know what I was going to say before. I just -- I find that for me learning doesn't come from a -- from the books or -- it never has. For me, I remember what people say. You know what I mean? Like, I remember just maybe a small piece of what somebody said, and when we share like that, when we the three of us or the four of us sit around and share, that's what I'll remember is like a little piece of information that Heidi shared that ..... told her. That's what sticks in my head, so that's where, kind of, the benefit for the learning is -- is for me. So if we can all kind of do that, that's what's -- what works best.
>
> K: What I heard is that you do find like a group, sort of, working, there's an advantage to that?

> C: Yeah, just like for efficiency's sake.
>
> K: And because you can hear things, and you don't have to, sort of, on your own figure it out.
>
> C: Right.
> K: Someone might bring up something. But that's the one thing I notice when you guys would talk about -- sort of how closely you were at the same place, and I got impression that that kind of helped support you. I'm not sure.
>
> C: No, I think it does because we didn't have that feeling that one of us -- you had that comfort level of knowing that it's not like they know, and I don't know. It's like none of us know or whatever. It's something that's new to all of us, which was good. I think very -- probably very beneficial. Yeah.

The exit interview with Carrie revealed 12 themes from 51 topics explored in our conversation. As with Niki, I gave Carrie a copy of the final themes and asked her to verify the accurateness of my thematic analysis and then return them to me with her comments.

Heidi

My last interview was with Heidi. She was having a busy day and brought her lunch to eat while we talked. I explained to Heidi that I was hoping to get some final impressions from her about the action research project and her feelings about her practice. She shared with me that she felt the project was quite worthwhile although it also took a great deal of time. Heidi explained how the research project helped her to become more involved with her workmates in a favorable way. It also inspired her to engage in an edification process for herself. She commented that she consistently had misgivings about getting together so frequently, throughout the study, because of her very busy lifestyle. However, once the meetings began she felt they made her aware of the discontent she was feeling in her work. It also gave her some answers to problems she was having difficulty with.

> H: It was a very time-consuming experience, but it was a very rewarding experience, so I really felt like I connected with my peers which was something that was very beneficial. I think it motivated me to pursue learning when it's pretty easy to stagnate and feel consumed with things that are going on in your life and your professional practice. I liked the structure of the project, so that was very helpful to have to actually sit down and meet on a weekly basis and ensure that deadlines were met and that, so I felt it was pretty positive.
>
> H: I have to say that every meeting, I consistently dreaded having to go because I thought there's like 500 other things I needed to be doing; and it wasn't ever a priority until I sat down on the couch; and we actually started, you know, talking about and it working through some of the issues; and I think it enlightened a lot of frustrations that I was experiencing and -- but it also gave me some solutions on things that I can do to sort of make things better. So yeah, it was a pain in the ass, but I did it.
>
> H: It was -- it was very helpful. I felt like I was in a total slump, and there you go. You helped me out of that little ditch that I was in.
>
> K: I don't believe that.
>
> H: Oh, I'm telling you the honest-to-God truth.

Heidi shared with me some of the challenges of being involved in research of this magnitude. She expressed her difficulty with commencing the research and staying focused because of other responsibilities. Despite these drawbacks she noted that the opportunity to gain knowledge in a structured format was useful to her. Heidi had previously related that she was hesitated to participate in transformative learning activities that requested her to express her feelings through creative means. Despite this initial reluctance, Heidi shared (with great humour) that she really took pleasure in the experiential activities.

H: Kathy made me paint. I don't know about that shit, but I did it.

K: Had a revolver to her head.

H: Oh, my God. Kathy's feely touchy stuff, but it was quite enjoyable.

K: Yeah, I got that sense from you.

H: It was quite enjoyable.

K: That's good.

Heidi mentioned several times during our meetings as a group as well as when we spoke individually, that she felt her learning needs were great and that this was a constant frustration. I asked her if the study made her feel that there was an even greater discrepancy in her knowledge and if this made it more difficult for her practice. She described how participation in this exercise had shown her that she can gradually learn more through working together with others and by continuing to deal with therapeutic concerns one step at a time.

> K: Um-hmm. Yeah. And you had talked about going, oh, my God; it's just pointing what I don't know. Did that -- has that made it harder, you know, knowing that? Or was it just sort of –
>
> H: No, I think it's -- it's made it easier because I certainly have tackled one issue that I don't -- that I didn't feel comfortable with; and certainly, you know, having done that, I feel better about my practice and hope that I can sort of integrate it into my daily practice. But I just think it just made me realize if you take small steps and you work together and you try, you know, to solve problems and -- and do little bits and pieces and eventually, for God's sake, you've got to get there. You know, it has to happen.

My interview with Heidi elicited 12 themes from over 33 topics that we discussed. I also asked Heidi to validate my interpretation of our meeting together shortly after our last session.

The Meaning of Therapy

The meaning of therapy for each of the three participants in this study was interpreted from conversations that were held throughout the study. Each engagement required a construction of the others' meaning about how occupational therapy with special needs children and an action research project related to being an occupational therapist.

Through our dialogues, the meaning of occupational therapy with special needs children to occupational therapy practice was interpreted. The themes displayed in this chapter were produced following the conversations we had during each juncture in the research and ongoing interpretation with each participant.

Carrie - The Meaning of Therapy

From the individual interviews and action research meetings I was able to come up with the following themes that described the meaning of therapy and the action research project for Carrie. Carrie's initial insights into her practice would evolve into greater apprehensions of what it means to be a therapist, as she explored her work through participation in collaborative inquiry. What follows is my interpretation of our conversations over our two and a half months together.

Themes:

i. **Meaningful work**
ii. **Lack of Confidence in Work**
iii. **Emerging Possibilities in Practice**
iv. **Confidence and Courage**

Theme One: Meaningful Work

Our earliest conversations pointed to Carrie's interest and enthusiasm in her work. She made it clear that working with children was extremely important to her and that despite many of the special needs children's' problems, she was drawn to them.

> C: I am like a -- a kid person. This is just my dream job because I just love -- I have never met a child I haven't liked. I'm waiting. It's true. I just can't believe it! Even the most -- probably the most difficult quote/unquote difficult child that people encounter, I just love them; so for me, the work is just fabulous.

I asked Carrie if her life had been changed at all by working with the special needs child. She stated that the greatest impact of working with these children was that it clarified for her the direction that she wanted to take her career in. It now had become paramount for her to work with special needs children. She also described how her perspective of "normal" children had been skewed as she continued to work with disabled kids.

> K: Can you tell me, in working with a special-needs child, has your life been changed at all?
>
> C: It's changed my life probably in a lot of ways. It's changed my -- the way I think about my career in a -- probably at one time, I thought I would be an O.T. for a while, you know; and then, I would maybe do something else. At least now I know that whatever I want to do it's going to be with these kinds of kids. So it's either as an O.T. or I've fantasized about speech, something but -- so it's certainly, solidified that for me where I'm going with this career. I think I knew, but this is really made it really solid. So that's for sure. It's changed my perspective on children. It's changed my whole frame of reference that I forget children aren't born with a G tube. Your child eats? That's amazing. It's like you just you forget that any child is normal and most are. Oh, I don't care if it's a boy or a girl; I just want it to be healthy, you know. And he would say the same thing.

Theme Two: Lack of Confidence in Work

It's interesting to note that when I first met Carrie, what struck me immediately was the confidence with which she presented herself for a young therapist. And yet, as we began to talk more about Carrie's practice, lack of confidence came up as a dominant theme about her practice again and again throughout our time together. We discussed how working with this population of children impacted her practice and she shared how the complexities of pediatrics has been much more difficult to adjust to than when she worked with adult clients. Her lack of confidence and experience with specific childhood conditions made it difficult to feel good about her therapeutic skills.

> C: Right. Well, I didn't have a lot of time to practice before I started working with the kids. Certainly, I've had to do a lot more research probably than I had to do in adults. Working in adults, we did see a lot of the same things, over and over again; for example, a lot of people with hip replacements or knee replacements or something like that; but we had a pretty -- like a recipe almost for what needed to be done for those people, and they didn't need a -- they didn't want or need a whole bunch of intervention anyway. They wanted, whatever they needed, get in and get out kind of thing; so it became pretty routine. The odd time we would get something unusual but most of the time, I felt confident that I knew what I was doing. With kids, not at all. Because again, we see so many strange things that nobody's ever seen before certainly I've never seen or heard of before.

When I asked her what sort of resources or knowledge would help her to feel more confident in her practice, she pointed out that her and her colleagues had a number of resources already available to them such as more experienced therapists out in the community and peer support. Carrie indicated that guidance from a veteran occupational therapist would be helpful as the occupational therapists where she worked were all young and had only a few years of experience in the field.

> K: So, with this background that you described to me, do you feel you have resources to help solve difficult problems with children or, if not,

- what sorts of resources or knowledge do you think would help so that you'd feel more confident in your practice?

> C: Well, I feel -- I do feel like there are a lot of resources. So far, when we need some help, because we're all -- we're all young -- the whole team is young, -- we do feed off each other; but at times, we do need some, guidance from somebody who's got more experience. I've had really good experiences with, the whole community. I'm talking about speech language pathologists, working in feeding at the hospitals, other O.T.s that are more senior that know a little bit more about feeding. You know, it's as simple as picking up the phone and calling them and saying, Look, I have this kid. Often, they know the child because they've seen them, too, and they can help us

Carrie was also aware that her university education had not fully prepared her for a specialization in pediatrics and that learning specific treatment skills was an important component to understanding this area of practice. However, she expressed how difficult it was to access professional development courses because of funding limitations.

> C: I think ideally I would have more time and more money to do more -- to do more education, you know.
>
> C: So because it's sort of a self-funded kind of a thing, that becomes a limiting factor. And time actually wouldn't -- isn't too much of a limiting factor because we do have a boss that's quite flexible and would be really supportive if we needed to go away and do any kind of -- I'm talking about courses like two, three, four days kind of thing. That's probably the only thing is if we have a little bit more funding for those types of things, I would be certainly interested in taking any and all courses that come to town related to our business. But, from where we are now, I feel – we all feel, I think, that we're doing the best that we can; but we still feel like there's a whole universe of knowledge that we don't have.

During the action research project we carry out an exercise to look at each therapists' assumptions about her practice. Carrie shares that she often based a lot of her competency as an occupational therapist on parent approval. She has the insight that focusing on acknowledgment from caregivers indicates that her self-assurance in her skills is poor.

> C: I noticed that I considered the reactions of parents and colleagues more important to measure my success than the progress of the child. What does this say about me? I think it shows that my confidence in my therapeutic competence is low. This does not surprise me, however, and it was comforting to hear both Heidi and Niki share some of the same concerns.

Theme Three – Emerging Possibilities in Practice

As our conversations continued and Carrie carried out her action research project a new theme about her practice began to emerge. She spoke of many areas in her practice where she wanted to see change and shared with me new understandings about occupational therapy approaches that she could see herself implementing. Although she discussed how intimidated she was having a senior occupational therapist observe her assessment skills during a home visit, she then conceded the learning it brought to her as well as discoveries about her skills.

> C: I was anxious about doing the visit with such an experienced therapist as you, but I found our meeting afterwards very valuable and interesting. I realized that I still have much to learn about fine motor development; however, I feel as though some of the tools are beginning to fall into place. In the future, I think I'll be more conscious about – of the client's position and overall upper body control rather than narrowing my focus to simply grasp and release.

After our joint visit together, Carrie shared with the group her discoveries about the usefulness of videoing children to help her better understand fine motor development. As well, she expressed her desire to use a standardized evaluation in the near future. She felt this would increase her confidence level and that she might be viewed as more credible by the parents because she would be using a tool that focused on specific areas. The assessment would provide normative values that would explain the child's delays rather than give the parents a vague description of their child's difficulties as she normally does.

> C: The value of the videotape is clear. Repeated viewings of the assessment allowed me to catch many things that are missed during the home visit.
>
> C: And I would like to try using a more formal assessment like the Peabody when I need to do a fine motor assessment, instead of just flying by the seat of my pants 'cause I think I would feel better about it if I am looking for very specific things, and then I can score it, and then I can make some suggestions based on what I see instead of just – I'll feel more confident going in there with an actual assessment to do, and I think it will look a little bit more credible to the parent as well when you're actually scoring something looking at something specific. And I feel like I just might feel more confident in reporting the results and actually have something to fall back on, like this is where she scored, and this is what it means, instead of just kind of saying, well, she's definitely delayed, and we're going to work on that.

In order for changes to occur in her practice, Carrie realized that ongoing professional development needed to be made a priority and therefore she arranged with her colleagues to meet on a regular basis on work time. I suggested that taking the time to learn about one's practice during work hours is an important step in recognizing the significance of learning to our discipline. She agreed that professional growth practiced in this manner would be valuable to one's career.

> K: Right. And you guys had said that you're going to meet together as a group inside of work –
>
> C: Right.
>
> K: -- and so that's different.
>
> C: Right. I mean, we had fantasized about doing that in the past, but we had never actually put it into place. And I think we're going to -- it's not going to be a formal sort of research type of a thing, but it's going to be like just an information sharing. From what I understand, each of us is going to bring an article or something and discuss it and little bits of learning here and there, so that's sort of the plan, so we'll see how that goes but –
>
> K: That's so great.

C: But we have fantasized about that in the past, like having sort of a journal club or whatever you call it where you just bring an article and you've read it and you discuss it and how come it's interesting. And it's not a lot of effort to bring one article every month or something like that, but it's just, you know -- the plan is to schedule it once a month from now to the next six months or something, and then it's in our books, and then we might actually do it.

K: Right. Right. And that's something on work time as opposed to -- what I heard you say was you believe in outside –

C: Yeah, I do.

K: -- doing a lot of work as well. Now you can do sort of both ways –

C: Right.

K: -- which I think is sometimes -- we feel that we shouldn't on work time but –

C: Right.

K: -- I'm a great believer that we should, and we should be charging people for it, you know.

C: Certainly. It's only beneficial to the practice as a whole.

Theme Four - Confidence & Courage

A fourth theme that came out of our conversations together was her new confidence in certain areas of practice as a result of new insights that emerged from the action research project. While reflecting on her experience Carrie expresses the understandings she gained as well as the enticement to study subject matter that she had wanted to study but had not had the time to do. She also shared that her fellow therapists provided opportunities for understanding as well. She described the motivation and the desire to continue learning and that she now had objectives that she wanted to pursue on a more long-term basis.

> C: Well, just the learning is the biggest one, just things that I knew I wanted to know but never could find the time to learn, and sort of the interest that has come out of it in terms of further exploring the same topic or other topics, learning from the other girls and just -- just getting -- getting the process started, I think, is really the biggest benefit. Like, I feel like we're all sort of -- we have some momentum, and we might be able to keep it going, probably not on such a structured -- in such a definitive amount of time, but still like for myself, I -- you know, there's goals that have come out of it, and certainly I'm going to try to reach those goals.
>
> K: Would you like to share some of those goals? And you don't have to if you don't want to.
>
> C: Well, just to continue with the topic that I chose, you know, and within that topic, you know, challenging myself to do some things a little bit differently in my practice, like using the formal assessment. That's something that I was avoiding doing all this time just 'cause I didn't have the courage to do it, so now I'm going to be doing that, and we've changed -- sort of all of us have decided that using the video is really helpful, and we're going to sort of start doing that more and just some things like that.

I inquired into what meaning the collaborative experience held for her work as an occupational therapist with special needs children. Carrie explained that she derived numerous benefits from the experience, particularly the way she views the children she treats, her therapy and evaluations. She gives one of the specific changes that have occurred for her in her practice as the courage to try new approaches.

> K: Can you tell me what this experience of being involved in an action research project over the last two months might mean for your practice?
>
> C: Well, I think it's -- it's going to be positive. Even if it ended today and I never did anything else, the benefits from what I just learned the past 12 weeks or whatever it's been really -- it's helpful. It's -- it's not that I know a whole bunch more. It's just that I feel like looking at things a little bit differently and that I think that will benefit my practice, my clients, and my assessments; so even if this was it, I think that would be very useful. But again, I don't think that is it, so it's just going to continue to benefit the clients and -- and again, the learning from the other two, like, I'm just thinking of my own; but then, I did learn lots from them as well; so that'll impact my clients as well.

K: For sure. For sure.

C: Yeah, I think it's been really beneficial even if it's just a little bit of knowledge. Like, if I'd taken a test before and a test after, I'm sure it wouldn't be that much different. It's just, again, the way I'm looking at things and the way I'm approaching things that's changed for the better.

K: Maybe realizing the potential for yourself or your practice? Something like that?

C: Right, and I think the confidence -- like, not confidence, but sort of the courage to try new things is what's really come out of it.

C: And the other thing is the programming. I think my approach to programming has certainly changed a little bit in terms of numbers of suggestions. I notice the program that I gave most recently to one of my fine motor kids was much more compact, just a couple of suggestions on very specific things – as opposed to a whole list of ideas, working on a whole list of different things.

K: Great. And how about your confidence level, has that changed?

C: Well, certainly in this one area, it's -- it's improved, maybe slightly; but then I can see the potential for it to improve even more.

K: So can you identify an incident in your practice where you might be seeing a client or a child, whatever, sort of before this project; and now you're seeing the child after, can you see how you might approach your treatment with this child differently; or personally is there a difference?

C: There is, especially with the fine motor stuff, and I think I was sharing this with you before that I did another visit with that same child that was involved in the project, with a joint visit with the physio, and something so simple as a physio suggestion that in the past would have sort of meant nothing or I wouldn't have really seen the significance of it really sort of clicked this time. It was a -- a weight bearing activity through her arms, through her forearms; and first of all, I clued in, which is -- which was an improvement. That was good. Instead of just letting the physio doing her thing and not really paying attention, I just really saw that what she was doing; and second of all, I felt sort of confident in saying to mom that -- that, you know, what she's doing there is really for her shoulder stability and that's important for fine motor, so it's all related, and it's a great activity. And in the past, I probably wouldn't have -- maybe not have clued in and definitely not have said something like that.

K: Right. Right.

C: So just to have that confidence to -- well, first of all, to see it, to understand that yes, that is important and, number two, to have the confidence to say to mom -- so that was definitely an improvement.

K: So can you tell me, is your experience working with the special-needs child different as a result of your involvement in an action research project and in what way?

C: Well, probably not so much with the child because I always felt pretty comfortable working with the child. It was more with the parent that I think this has benefited me because of having maybe some very much more concrete, sort of, suggestions that parents appreciate, like we were just saying, and more defined goals and having more confidence in explaining kind of the concepts and what I'm looking for and what kind of an end result would hopefully be and things like that.

K: Great.

C: So I think with the parent certainly it has changed, even if it's only a change in my own head in terms of how I'm approaching them or how I'm feeling about it; but I still think it's beneficial. I suppose in the end it would benefit the child, too, if I can empower parent to actually do a couple of the programming suggestions; then it certainly wouldn't hurt the child; whereas in the past perhaps even though I put the program into place, it might not be being done; so then the child is not benefiting from those suggestions as much.

Niki – the Meaning of Therapy

The resulting themes surfaced from dialogues with Niki about her practice, occupational therapy with the special needs child and the action research project. The meaning of therapy broadened as she discovered new understandings as a result of her involvement in action research with her colleagues and myself.

Themes:

i. **Dissatisfaction with Practice**
ii. **Parental Involvement**
iii. **Peer Support**
iv. **Transformation of Understanding - Role with Parents**
v. **Valuing Self**

Theme One - Dissatisfaction with Practice

A primary theme that emerged from our talks together was Niki's dissatisfaction and self doubts in her practice. Niki pointed to insecurities about her performance on the job and her frustration with not having a teacher who could validate her work. When I asked her if she could envision being satisfied as an occupational therapist, she was able to identify an accomplished practice by how it felt and her behavior. Specifically, she would feel completely self-assured that what she was doing in her practice was appropriate. She felt that if she felt better about her skills she would not hesitate in instructing families or providing strategies for the children she worked with.

> K: I heard you mention your confidence, so this is sort of a -- a -- do you want to just elaborate on that? The confidence factor here?
>
> N: It's very low. It's been low since I graduated. I think part of that is just me in general -- without having anyone to guide along and say you're going a great job…
>
> K: So, can you say what might look successful for Nikki if you were to -- if you had, sort of, an ideal picture of -- you felt good about your practice? Would there be some signs, or do you even know how that would look?
>
> N: I think it would be me feeling totally confident with what I'm giving. Say, for programming, I see a problem; and I think, oh, without a question, I need to do this and -- and more than that, to feel confident in showing the family how to do it, demonstrating it on the child and having it actually work while I'm there --is always nice. If I was able to do that, I think that would be great. And I think, a lot of times, say, when I'm doing a joint visit with one of the physios, according to them, I'm doing the right thing; but I just – I still -- I'm still not confident when I'm doing it. Which I end up, kind of, stumbling with my words or making stupid little mistakes or whatever, say, with the transfers or something like that.

As well as her confidence issues about her practice, Niki shared with me that at times she felt overwhelmed with the amount of areas that she needed to cover as an occupational therapist working with a very specialized population. A great deal of her dissatisfaction as a pediatric occupational therapist stemmed from the fact that her time was so constrained. Therefore, she was unable to determine the efficacy of her suggestions or follow children's progress to the degree that she felt would be optimal for her understanding.

> K: And so I think what I'm hearing is that time is an issue -- and that limits your practice.
>
> N: For sure.
>
> K: Can you share with me, how you feel about the time that you have with these kids?
>
> N:... I don't feel like it's enough. I -- probably the most frustrating thing for me is that we don't have time to go in frequently. We can only usually go in about once month, so I have no idea really whether the recommendations that I'm giving actually work with any child because I've never done them. Honestly. I mean, I've showed the parent while I'm out there, tried it out, for you, know 10 minutes while I'm out there; but I've never had the chance to actually, every day three times a day try it with the child; and I think that would be great if I could -- had the chance to try that and see if things really work. So that's probably the most frustrating thing is that we can't get out as often as we probably really should be getting out.

In addition to self-confidence and shortage of time issues, Niki's dissatisfaction in her current position also appeared to come from poor undergraduate preparation for working with the special needs child. Niki explains how her practicum in pediatrics assisted her in learning about occupational therapy with childhood conditions; however, she contends that university was a poor breeding ground for understanding her chosen field of specialization. She then describes an incident early in her practice that illuminated for her how poorly equipped she was to deal with specific practice issues.

> K: Can you tell me how your education as an occupational therapist has prepared you to work with special-needs child?

> N: Did it? [laughs] I don't know. Well, I think obviously the placement helped hugely. I don't think I would be here if I didn't have the placement, so that was just -- I couldn't even put a value on that. That was invaluable; but as far as the classroom, nothing. It didn't do a thing. Nothing. That's been very frustrating. I've gotten to the point where I just accepted that and realized that I have to learn that on my own; but I really think they need to do something, change something. I know that most professionals when they graduate feel like they're not really prepared, but I think that it's a little bit excessive in O.T. I could just remember the first time that it really made me realize how little they prepared us was when I was going to a case conference for a client. It was soon after I had graduated and started on the team; and the whole -- people at the case conference looked at me and said, Well, you're the expert in feeding and swallowing, so what would you recommend? I was thinking I had about a three-hour class on this. I don't know. I don't think it's good professionally either, really, because the clients aren't getting the best care when you're getting a new grad that doesn't really know what they're doing.

Theme Two – Parental Involvement

The next theme that transpired through our discussions was her experience and challenges with caregivers of the children she worked with. She related how parents could be a source of discouragement in her work because of their seeming disinterest and misunderstanding of her therapy. Parents who don't comply with programs limit the success of the child's advancement and this is extremely disappointing for her. Her inability to communicate the importance of proper therapeutic intervention to parents leaves her feeling dejected and less interested in helping the client.

> K: Do you find that difficult ever? Working with the parents?
>
> N: Oh, yeah. That's probably one of the major drawbacks is that I'd say 90 percent of the parents aren't entirely convinced of the -- maybe it's some of the programming or the suggestions that we've given or they're just -- they're busy. They don't have time to do it as often as I would like them to do it, and so you don't see the same progress as you might with -- when you run into a family that's all gung ho about it and, is able to do it more frequently. So that's definitely frustrating: just to try and convince them of the value of doing what we're doing.
>
> K: Right. Have you had experiences with parents where that's a major stumbling block and sort of hampers what you can do?

> N: Yes. It gets frustrating. I've had a few families where it's obvious that they're not doing what you suggested 'cause the child is making no progress at all, and the parent is still maybe handling them the same way as they were before. And after several times of suggesting, it you just kind of think, why am I even here, really. And it's sad to look at the child and think what potential that they're missing out on.
>
> N: Yeah. So that's definitely been -- and then I start to get, discouraged and not as motivated to work with that child because I know I'm not really going to get anywhere with the parent.
>
> K: Do you see that as a big problem in your practice?
>
> N: Yes. Absolutely.

Theme Three – Transformation of Understanding – Parental Involvement

Niki's initial feelings about her difficulties with parental involvement begin to change when she reflects on her practice during the action research project and after implementing a new checklist to educate parents about their child's feeding problems. The realization that her approach to instructing parents impacts how well caregivers understand occupational therapy treatment comes out of her reflections on her practice. She now recognizes that her difficulties with parental involvement in the past stem from presuppositions on her part. That is, she previously assumed that parents could easily understand and carry out therapy without her in-depth teaching and reinforcement. She also acknowledges that she is now more self-assured with her skills as a therapist related to parental involvement.

> K: Do you think that your approach to your practice -- with the special-needs child in particular is different? So are there specific approaches that you will implement in your work as a result of this research project, and you've already talked about checklists and how you maybe observe and assess a child. I guess you've actually already answered it, but is there anything else?
>
> N: Well, I think also the teaching part, really being extra cautious with that and ensuring that the parent can show me that they know what I'm talking about, rather than just giving them the programming sheet and

> assuming that they're going to read it and know automatically what to do. So that -- yeah, that's probably changed.
>
> K: So you feel your confidence has risen a little in that area?
>
> N: Um-hmm.

We discussed the meaning of her therapy as a result of her involvement in a collaborative effort. She shared with me how much more enjoyable her work seemed and how she perceived herself as possessing greater skills to give to her clients and their families. She states that she experiences her role with parents to have greater importance whereas previously she believed her role was less useful. She expressed her great hope that her newfound knowledge could be transmitted to caregivers and that their compliance with therapy would improve as well. Ultimately she believes that treatment outcomes will show greater progress. As a therapist, Niki now believes she has the capability to succeed in her practice as a self-assured practitioner.

> K: Now, is your experience working with a special-needs child different as a result of your involvement in this project?
>
> N: I think it's more -- more of a positive experience in that I feel like I have more to offer when I'm really knowing what I'm assessing and really teaching the parent. I feel like it's more valuable; my involvement is more valuable maybe to the parent, as opposed to me just not really feeling like -- I didn't really see the purpose in a lot of the things I was giving; so now for me to have that and be able to explain why we're doing these things, I think will help in getting parents to follow through; I think it'll be more positive and hopefully more results, but that'll be yet to be seen.
>
> K: Right. So you -- like you perceive yourself differently is what I'm hearing.
>
> N: Um-hmm. I feel like I have more potential. Like the potential is there to improve a lot more and to be that confident little therapist.

As we continue to explore Niki's feelings about her role with parents, she concedes that prior to her action research project she poorly understood the rationales for her therapy suggestions. As a result of her investigations into her practice she is able to apprehend the principles behind her work and believes her new learning will encourage parents to carry out treatments.

> N: I didn't really see the purpose in a lot of the things I was giving; so now for me to have that and be able to explain why we're doing these things, I think will help in getting parents to follow through; and so yeah, I think it'll be more positive and hopefully more results, but that'll be yet to be seen.

Theme Four – Peer Support

The value of collegial support and sharing experiences related to work came out of many conversations related to her practice. Niki articulates her appreciation of collaboration with her peers and how the expression of intimate details about her practice with others helped her to realize that she was not alone in her experience. Sessions in which other therapists described similar accounts in their practice confirmed for her that she was not alone in her struggles as a novice therapist.

> N: ...I think just in talking with -- talking amongst ourselves at the meeting, out of that just came a lot of personal feelings about our practice, being fairly new therapists; and that was just neat just to, -- that that's a shared feeling of lack of confidence and all of that, so that was really a positive thing.
>
> K: Were you surprised by that?
>
> N: Not entirely. I mean, I kind of had some sense that people were feeling the same way; but to have it more described a little more, like going on visits with the physios and that we were all doing the same thing, that was good.
>
> K: So that helps, hearing that other people –
>
> N: Yeah.
>
> K: With those specific experiences helps you to feel maybe –

> N: Validated. Yeah, like it's okay for me to be feeling this way, that it's not just that I missed everything that we learned in O.T. school or something, that it's not just me, that's its everyone.
>
> K: You're not alone.
>
> N: And collaborating with other therapists validates what we're doing, as well.

Theme Five – Values Self

Our conversations turn toward Niki's altered perception of herself as a therapist. Her view of her self as an occupational therapist has changed since the beginning of the study. A revised view of her professional role emerges. No longer does she feel dissatisfied with her work. As a therapist, Niki now believes she has the capability to succeed in her occupational therapy career as a self-assured practitioner. Previously she had described her dissatisfaction with her work and the sense of being engulfed by practice problems. This transformational view of her situation now leaves her believing that she has potential and she defines herself as satisfied as a therapist.

> K: Right. So you -- like you perceive yourself differently is what I'm hearing.
>
> N: Um-hmm. I feel like I have more potential. Like the potential is there to improve a lot more and to be that confident little therapist.
>
> K: Are you satisfied with your current work as an occupational therapist?
>
> N: I think I'm more more satisfied than I was when we started. Yeah, I think -- I think I am. I just -- I feel like there's a light at the end of the tunnel. There's, you know, a possibility there, whereas before I was just feeling like overwhelmed. I was sick of trying and forget it; and so, yeah, I think it's -- I'm fairly happy.

Some of our initial conversations had pointed to Niki's conviction that more experienced disciplines such a nurses and physiotherapists played a primary role with families whereas occupational therapy was regarded as less important. As her view of her self changed, she reports that she sees herself having an important position amongst her team members. It is conceivable to her that she will develop expertise in her field that will be worthwhile to her workgroup.

> K: Has your view of working within a multidisciplinary team changed at all? In what way?
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> N: Just in the fact that I feel like I have more to offer now, and I feel like my role is distinct role. It's not something that everyone else could do if they only had the time so I see a lot of potential for, you know, really having specialized skills, thereby being seen as a more valuable member of the team.

Heidi – the Meaning of Therapy

Interchanges between Heidi and myself produced several themes related to the meaning of therapy. New meanings of practice transpired for Heidi as she journeyed with her colleagues through action research. As she reflected back to me her experiences, she relayed new discoveries about her practice as well as what it means to be a therapist with special needs children. Below are themes that emanated from our talks together.

Themes:

i. **Time**
ii. **Vulnerabilities in Practice**
iii. **Importance of Professional Development**
iv. **Collaboration with Colleagues for Support**
v. **Practice Expectations Transformed**

Theme One – Shortage of Time

From the earliest interview, Heidi brought up time as an issue that greatly impedes her performance on the job and she sees time as a great hindrance to almost every aspect of her work. While a conversation ensued about the emotional aspects of working with dying children, Heidi adamantly suggests that time limits her ability to deal with such an experience. She implies that time constraints force her to miss out on personally delving deeper into the palliative experience and what that might imply for her therapy and her client. She realizes that not having the time to process such an event precludes her from coming to any resolution with the death experience.

> K: Are there -- do you wish -- or are there other -- would you wish that there were other resources available to you so that you could better deal with this? Or is there an ideal situation maybe that you don't have?
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> H: I don't know. I don't know if -- if the resources I need are just more personal experience with it or whether or not it's just -- it's recognizing what, sort of -- the process and being able to maybe read about it and spend some time reading about the different stages that you may go through or, just to be able to identify within myself when I'm feeling stress and when, what I -- what I can do about that. I think sometimes if I had more time, maybe I could do some more, internal reflection about it how I'm really feeling and, what I'm going through at that moment with respect to someone dying. I just don't feel like I have the time, and often it just gets kind of pushed aside, and I just sort of move on to task number two kind of thing.
>
> K: Right.
>
> H: But I don't really fully get that closure.

Concerns about the lack of time permeate our conversations about Heidi's work. She explains how weak areas in her practice, such as feeding concerns with children, are difficult because of insufficient time to focus on developing her practice in this area. When I ask her about other domains of practice that may be limiting her, again, the issue of time arises.

> H: Feeding is a huge issue. -- in general, I just feel that it is probably the weakest link in terms of my professional skills. I just don't feel that I have the time to devote to all the learning; and I think I would need to start at the beginning and sort of work my way up.
>
> K: And can you think of other -- other areas, difficulties that you find that are -- that are common other than feeding? Is that kind of the big one?

> H: That's the only -- I mean, there are other things. I could -- I could go on endlessly. I wish I had more time to learn, more time to be current and to do more things with my children, but I'm just -- I feel so limited by time and I feel so daunted by the feeding thing that it is the one thing that I've identified, and that's what I hope to focus on -- in the future. There's a ton of things I could work on, truth be known; but I mean, it's just so daunting that I'm just going to say, okay; it's feeding; and I'll just try in little bits here and there, like small steps; and so, yeah. I could go on endlessly with things.

Theme Two – Vulnerabilities in Practice

Another major theme that arises out of our exchanges about therapy is her vulnerability about her skills and knowledge as an occupational therapist. She alludes to the fact that more direct experience with clients in an atmosphere where she would feel invulnerable to others' scrutiny would be the ideal.

> H: But then, I also find that I need I'd probably need some more hands-on, learning, too, where I can learn in a safe environment and not be judged by a parent because I'm going out to treat their child; and yet I have to consult someone else because I'm having difficulty figuring out what the problem is and what programming would be appropriate. Just reading a textbook, I find, is not very helpful; and it's when you apply it and see it work and see it being used is I think when I would probably benefit most from it.

When we explore Heidi's aspirations for her practice, she again brings up her vulnerabilities about her practice and her fears. She finds that she is unable to reach out for support because of her lack of experience and feeling unsafe to request information about occupational therapy practice concerns.

> K: And overall would you say that you're satisfied with your work as an O.T. with a special-needs child or or not?
>
> H: Personally, I'm satisfied. Professionally, I'm not sure. Professionally, I wish I could grow more and develop more and take the time to learn. I wish I had mentors. I wish I had, safe access to information; and information-seeking from others.

> K: Can you elaborate on that a bit? Safe access to?
>
> H: Just being -- just that whole feeling, as I was saying before, of being vulnerable and not wanting to reach out and not wanting to compromise myself professionally, to get the information I need. So that's what -- kind of what I mean when I say safe access – to information. Just being able to ask someone I know and trust and being able to say, look, I don't know what the frig I'm doing, so can you help me out here? You know.
>
> K: Right. Would you like to see some changes in your work environment or your practice or with your clients or your co-workers so that you could be more satisfied?
>
> H: I would just like to know that what I'm doing is making a difference – and that what I'm doing is the right thing. I don't know that. I just -- sometimes I just feel like I bumble along and try and do my best with what I have, but I know it could be better 'cause I've seen the possibilities, you know. I've seen, for example, when you were there. I certainly know that there was so much to learn from you but yet I had this very small window of time in which to do that, and I wish I had more time to devote to making sure that what I was doing was the right thing.

Theme Three – Importance of Professional Development

Heidi refers to her desire to participate in professional development from the outset of the study, however, this desire becomes of greater import after carrying out the action research project. The involvement in a collaborative effort seems to sanction her efforts to seek out knowledge with others. She realizes that learning needs to take precedence on the job if she is to make advances in her practice. Having her peers support her efforts to research during work time provides her with the consent she needs to pursue further understanding of her practice.

> H: And it's just helpful feeling like we can have permission to take the time to learn together and break these tasks down so that we can all benefit from them. -- And planning on having a weekly meeting will be -- or every two weeks -- be really helpful, and I think it allows us -- it gives us a bit of permission to learn, as opposed to just focusing on, crisis

management on our caseloads or whatever. It's become a priority for us now that we've been exposed to something that can motivate us.

K: Are there any views of professional development that changed that or maybe not?

H: I just have to take more time to do it. Certainly highlighted that, and it gave me permission to do it on work time.

K: Right.

H: Which is something that I didn't usually do. I mean, certainly, when it's a specific to a child -- but, I'd look up stuff if I needed to or whatever but general things, general learning and whatnot –

K: And why do you think you feel like that now? That you can do it on work time?

H: Because my colleagues do it. Because other people are doing it; and so that just sort of gave me permission to make it a priority and say, no, it's important; and it has to happen; and it's important to stay current and, know information.

H: And despite the fact that it's not supported by the institution I work in, it needs to be a priority for me, certainly at the point where I am in my career.

K: Great. Great. I think, too, that, you know, the fact that you guys are going to meet every week –

H: Will be good.

K: That's really neat. I'd be very curious to hear, you know, a couple of months down the road how it –

H: How it's going.

K: What it's like. If it's -- I'm sure it'll be very different from, what we did, but –

H: Well, I hope it's not too different. Like, that's the thing. I hope it doesn't become to the point where, oh, well, I got a visit, so I can't really be there for that. I just hope that the motivation stays there. I think we need to actively make it a priority because it's very easy to get caught up and do other different things.

Theme Four – Benefits of Collaboration with Colleagues

In discussing her participation in collaborative inquiry, Heidi expresses how valuable peer support has become. She explains that hearing a senior therapist, such as myself, describing

practice problems, helped her to understand that the development of one's practice is a process that can take some time. Shared sentiments amongst the group provided her with an opportunity to recognize that her frustrations are not solely her own.

> H: Like, forced learning was beneficial. I enjoyed -- once I got to the meetings, I certainly enjoyed them. I think I felt there are other people at the same level as me and having the same frustrations; and it helped to hear you say that, you certainly had some of those similar frustrations; and it does take a while.
>
> K: Was that surprising for you? Learning about your colleagues, that they were –
>
> H: I mean, I knew it. I knew it, but to the degree, I don't think I knew that we were pretty much all feeling the same way and having the same frustrations and whatnot.
>
> K: Great. Great. In what way, if any, has your relationship with your O.T. colleagues changed?
>
> H: Well, you had a pretty good group to start with; so we were all pretty close to begin with. But certainly, professionally, feeling like you're not alone in your struggles and your frustrations are not unique, that, they're experienced by your colleagues. And it's just helpful feeling we can have permission to take the time to learn together and break these tasks down so that we can all benefit from them.

The importance of collaboration and being a "team player" in her work is emphasized repeatedly during our sessions together. She emphasizes the positive aspects of working in a multidisciplinary group and that she views her role with other team members as much more worthwhile.

> H: And seeing and speaking about and, hearing anecdotal, things and what's worked for someone else and whatnot, I think that -- yeah, I think that is valuable. And certainly, I think -- I don't know. -- I'm at a place where team -- I benefit. I feel I benefit from teamwork and just being able to share ideas and seeing if I'm on the right track and getting that affirmation. I'm at the point where I need that, so I certainly prefer the team thing.
>
> K: Has your view of working within a multidisciplinary team changed at all? In what way?
>
> H: I don't know if it's changed; but certainly, I mean, I really can see the benefits of working in a multidisciplinary team. We work most closely with the physios; and I think in doing this project, I think I probably have a little more respect and feel that what I do is little more credible because I certainly feel that I'm guilty of cowtowing to the physios because I feel like they know a lot more, which they do; but, they certainly have had more experience and their education is different. So I think it makes me feel like what I'm doing and the contribution that I can make in sort of a -- a team more valuable. So that's probably how it's changed a little bit.

Theme Five – Increased Confidence and More Realistic Expectations for Practice

As our conversations progress throughout the study, Heidi begins to take a different view of her practice and expresses how knowledge and understanding of her practice has improved. Her belief in her abilities has transformed to the point where she feels she would be able to show parents how to carry out programs. She understands she must carry out treatments in the home if she is ever to expect caregivers to follow through with programs.

> H: But I certainly realize that maybe I do know a little more than I thought, and I should be sort of comfortable where I'm at and just continue down that road of learning and tackling these little problems little bit by little bit.
>
> K: Right. So you do know something.
>
> H: I do know something. That was a really -- I know something.

> H: Just with regards to oral-stim, I think I would certainly try and provide more of a rationale and more of an explanation and bring the parents on board and do all those things that I should have been doing but, you know, not really doing. I think I have more confidence to be able to demonstrate the – my expectations, and I can't expect a parent to do things if I'm not willing to do it myself and follow through with them. So in that way, I think my practice will change. Probably in those ways.

In addition to building confidence, Heidi relates that reflecting on her practice she has discovered that she does not have to have answers for every client concern. She is more concerned with doing her best and continuing to learn and grow as a therapist. Tolerance and becoming more realistic with herself and the families she works with are qualities which have resulted from her experience with a collaborative project.

> H: Through my project, I just learned that I can't take responsibility for curing problems and solving every problem that I have with every child and every family. And you just do what you can; and you use the knowledge you have and try and pursue knowledge on the side a lot. You know, you just do it.
>
> K: Can you tell me what the experience of being involved in an action research project for over two months means for your practice?
>
> H: I think it -- it'll make me more -- I think I'll be more patient. My expectations will be lowered, both of myself and the family.
>
> K: Is your experience working with the special-needs child different as a result your involvement in an action research project? In what way?
>
> H: -- I think that it just allows me to have so much respect for the kids that I work with, and their families, and I don't think that's changed. I think that I've sort of had that respect all along and just really am amazed and surprised at how they cope. I don't think that changes. I think the expectations of myself may change and become, more realistic and more in line with what's achievable as opposed to, just sort of randomly trying to solve problems all over the place and not really being focused and stuff.

Chapter 5

The Meaning of Therapy

Hermeneutics is a process wherein the researcher and co-researcher(s) are involved in a dialectic which functions to bring to light the deeper meanings of their conversations about the subject being studied. Hermeneutics can explicate that which may have remained hidden or outside of one's awareness. In chapter 4, each participant shares her experience and understanding of therapy, action research and being an occupational therapist with special needs children. I have attempted to illuminate the prevailing motifs each therapist presented in our conversations together and what therapy meant for each person. I have sought to understand the essence and meaning of the experience of being an occupational therapist with the special needs child.

Hermeneutics is both descriptive and interpretive (van Manen, 1990, p. 180). The phenomenon both communicates its essence and is translated through the text's description. In the process of interpretation the author and the reader cannot be separated from the text (Gadamer, cited in van Manen, 1990, p. 180). Each person expresses a viewpoint that binds itself to her or his understanding of the phenomenon. In chapter 4, certain themes were developed for hermeneutic investigation. These themes were chosen by reflecting on the occupational therapists' stories, and involved listening to audiotaped conversations, and reading and re-reading the transcripts of the dialogues that took place. As well, reflecting on the experience through journaling and thinking through the conversations until their focus became apparent was important to the construction of the initial themes. The validity of this particular approach to identifying themes is affirmed by the research field of phenomenology.

Phenomenologists arrive at themes through uncovering the essential or shared structures that constitute the experience of a phenomenon (Polkinghorne, 1988). These shared structures are then arranged into meaningful clusters for further examination (Colaizzi, 1978; Osborne, 1990). Hermeneutic inquiry is also concerned with extracting prevailing ontological concerns from the conversational text. Constructing themes at this stage reveals that the chosen themes speak to what appears to be most cogent in the lived experience of the co-researchers.

As previously mentioned, conversation and questioning are the means hermeneutics employs to achieve understanding. Hermeneutic questioning can be distinguished from the standard forms of interviewing seen in other forms of research. In hermeneutic questioning one opens oneself to the question and allows that which is unknown to come to the surface. Bringing my previous understandings to bear on the question, I am aware that I at once know and do not know what this experience of action research and occupational therapists means. I am aware that the journey toward an expanded understanding of this topic can only be reached by my openness to the hermeneutic event.

> The art of the researcher in the hermeneutic interview is to keep the question (of the meaning of the phenomenon) open, to keep himself or herself and the interviewee oriented to the substance of the thing being questioned (van Manen, 1990, p. 98).

It is through our conversations that I can reach an understanding of the subject matter being explored.

At this point along the journey I must now more clearly interpret the meaning of therapy and the purview of my understanding. Hermeneutic writing is the process which allows such an interpretation. Smith states that "such writing attempts to lift what is spoken by individuals out of the burden of its specificity in personal utterances in an effort to make it speak again within the broader conversation of the human community" (1983, p. 220). The dialogues that occurred in the previous chapter have within them echoes of something deeper, a perception of one's experience that emerges from speech. And from this speech arise certain thrusts which come to be identified by the reader as the main ontological concerns.

Research carried out as conversation amongst therapists and as a written text develops into a mode where one steps back from the phenomenon and critical examination occurs. Such critical reflection allows insights into occupational therapy practice and a vivification of shared meanings, "a fusion of horizons."

van Manen (1990) makes this statement about hermeneutic writing:

> Writing separates the knower from the known but it also allows us to reclaim this knowledge and seeks to make external what somehow is internal. We come to know what we know in this dialectic process of constructing a text (a body of knowledge) and thus learning what we are capable of saying (our knowing body). It is the dialectic of inside and outside, of embodiment and disembodiment, of separation and reconciliation. (p. 127).

This study endeavored to comprehend the meaning of therapy for the occupational therapist working with the special needs child and her experience in an action research project. In order to do this, an immersion into each therapist's lived experience, as well as a distancing from the experience, needed to occur so that the universality of the phenomenon could come to light. Having discerned what it was that each therapist was attempting to say about her practice (themes in chapter 4), I then struggled to extract and articulate the universal understandings that had reverberated from the text. This hermeneutic process of refining and further articulating what the text has to say is the way of the hermeneutic circle. That is, the movement from parts of the text to the whole in order to deepen our understanding of the question presented in the study. Hermeneutics is not a method to pursue meaning in an organized progression that leads to definitive truths. Rather, it is a circular or dialectical event, moving back and forth from the text's domain and the world of the Other. Hermeneutics keeps the question open and continues the conversation until horizons merge, insights come to light and a deeper perception of ourselves takes place. Understanding occurs when the co-researcher's experience and the researcher's experience merge.

Hermeneutic writing attempts to concretize and transmit the lived experience as a manifestation of our being in the world. In order to complete this task I would need to continue to listen and re-listen to the tapes, as well as to read and re-read the transcripts to better apprehend and further interpret the focus of our talks together. Describing the horizon over which I resided at the introduction of this thesis allows the reader a greater involvement in the hermeneutic conversation of which we are all a part. Hermeneutics is a continuous critical examination of a phenomenon; it is a deepening of knowledge and meaning that never ends in an absolute. Questions continue to surface until the participant's experience merges with the researcher's experience and understanding occurs. As I continued my analysis of the conversations shared, an evolution in my understanding of therapy transpired.

The journey toward understanding was shared with three novice occupational therapists who opened themselves to scrutiny, self-reflective encounters and, at times, a disruption of their notions of therapy and what it means to be a therapist with special needs children. Our collaborative quest would accentuate their practice highs and lows and take them on an adventure beyond their expectations. Through our sometimes intense encounters a "sense-making" around the question "what is the meaning of occupational therapy with the special needs child?" could begin to be heard. At times we clarified certain practice issues, while at other times we created more complex ones. As we pursued the hermeneutic and action research path together, I felt that researcher and co-researchers alike had come to a deeper appreciation of what being an occupational therapist with the special needs child meant and how it impacted our practices.

Further reflection on the conversations held in this study would begin to reveal new understandings and broader meanings of therapy which have a universal quality, one shared by humankind. No longer is the idea of therapy specific to each therapist and her world. By identifying certain themes that describe the phenomenon in a broader sense, therapists can give central meanings a universal voice.

Three themes seem to emanate from the conversations held with each therapist, as well as from critical reflections on the research. The themes are belief in children/belief in therapy, struggle with self/struggle with therapy and belief in self/belief in therapy.

Belief in Children/Belief in Therapy

Why do occupational therapists do what they do? Central to many of our conversations was the interest and desire to work with children. Somehow the field of pediatrics had an appeal to each therapist at one time or another during her development as a practitioner. The belief in children, especially children with special needs, became evident from many of our dialogues. Carrie expressed her delight and enthusiasm in working with children. Her initial experiences with the special needs child seemed to cement her desire to work with such a specialized group. For Carrie there was a genuine appeal in working with the unique problems that the special needs child brought with her or him. These difficulties did not dissuade her belief in her clients or her belief that therapy could be an avenue for restoration and growth for them. Early in our exchanges, she expressed the belief that her ability to effect change with the children that she saw was minimal. Despite this disclosure, however, a faint murmur of the possibilities of occupational therapy for her clients filtered through her words as she discussed her practice. The belief in children sustains her and motivates her to work at her practice, and offers an impetus to strive for greater skills in her discipline. Without the belief in children, the belief in therapy may not have held her attention, as she demonstrated when she shared of her lack of interest in working with adults. Although she felt more competent in her treatments with adult clients, her belief in them was lacking. The absence of belief with this population began to undermine her therapy with them, and the belief that therapy could be more creative, exciting or challenging with adult clients seemed to escape her. A strong belief and interest in the special needs child created the conditions for believing in therapy, despite insufficient verification that her own therapeutic intervention made a difference with clients.

A similar resoluteness was voiced by Heidi when describing her work with children. She enjoys her clients and finds them to be sources of inspiration and enrichment for her. Her belief in their character and spirit acts as a persuasive power to push on in her own practice. Heidi described the emotional toll that is associated with working with these children. Yet, in spite of this, she believes that she can make a difference and support the child and her or his family through difficult obstacles and rehabilitation. Like Carrie, her belief in her therapeutic adeptness is not as firm as she would like it to be. She speaks of her limitations as frustrations which keep her from excelling in her practice. Heidi's faith in the special needs child acts as a catalyst to explore her practice in the face of grave self-doubts. As she continues to believe in children, belief in therapy is easier, and the drive to develop as a therapist becomes a significant goal in her life.

Compassion, empathy and open-mindedness are all qualities that Niki feels she has embodied since she began her career working with the special needs child. Her view of children has changed and deepened. Her conviction that occupational therapy can make a difference in clients' lives continues to abide within her, even when a crisis of self-confidence clouds her view of what she can personally achieve with her clients. During her most frustrating moments, when struggling with the direction of her career, her belief in children carries her and sustains her desire to keep working with them.

Believing in children and working with them to help alleviate suffering, provide opportunities and encourage rehabilitation seemed to buoy each therapist and help her to continue on despite many personal and professional obstacles. Belief in children's resiliency and strength seemed to each therapist's attention as she expressed her admiration for the children and families that she worked with. The desire to be with and work with children can be seen as a force that draws many individuals to professions that involve children in the world community.

Personal and professional growth also developed out of the therapists' involvement with these special clients. They shared with me that many life lessons had been learned from their engagement with this unique population and their families. At times, it almost appeared as if the therapists needed the children more than the children needed them. The richness of our beings seems to propel itself forth when we are immersed in difficult and challenging life situations. Understandings do not come from the easy path but from difficult situations that require soul-searching, a search for personal breadth and depth. These women illustrated how believing in children and believing in therapy could act as a catalyst toward greater self-understanding.

One of the compelling reasons each therapist gave for working with the special needs child was the *belief* that her therapeutic efforts could make a difference with the child she treated. Despite later disclosures by the co-researchers of lagging confidence and deficient skills to treat such a specialized group, the belief in therapy for these children remained. *Belief in therapy* resonated as a small voice of hope and could be heard in the discourse about children and occupational therapy. This voice was barely audible at times, yet it was a persistent element of our conversations, and seemed to keep each participant striving toward a deeper understanding of her practice. At times critical voices attempted to drown out this voice of hope and belief. These critical voices seemed to be particularly strong for Niki as she recounted how the overwhelming duties an occupational therapist could assume with these children tormented her and left her feeling discouraged and less able to carry out her responsibilities.

As we continued on our journey, these three colleagues began to transform their practices, and I could hear more clearly the voice that spoke of a belief in therapy for the special needs child. It is as if deep in one's being there is a "knowing" that therapy can be helpful, but this "knowing" is not supported until there is a breakthrough in one's belief in the efficacy of one's practice.

Belief in children/belief in therapy was a shared belief between my co-researchers and myself and a theme I have observed in my own practice. I, too, was drawn to the special needs child. I, too, had experienced doubts in the efficacy of my work with such a specialized group. The potential I see in the special needs child has sustained my therapy for many years. There is an overriding sense that dwells deep inside and speaks volumes about the passion to see a child overcome impediments that hinder normal development, growth and opportunity. What brought each participant to their work was their belief in the special needs child. The joy and sorrow of working with these children seemed only to fuel their desire to persevere in the face of personal and professional hardships. At times their work would surpass their expectations and reveal a deep-seated satisfaction. At other times their therapeutic efforts were deeply troubling and seemed to be marked by their doubts about therapy's ability to help right what was wrong in these children's lives.

Struggle with Self/Struggle with Therapy

Lack of self-confidence, self-doubts, vulnerability and the fear of being seen as unqualified were all near-deafening pronouncements in our conversations about occupational therapy practice. Carrie stated that her lack of self-confidence and fear leaves her with a bad aftertaste following home visits. Carrie knew that she wanted to be more confident when treating children. Initially, however, she could not identify the barriers that were preventing her from being more confident. She initially attributed this lack of self-assurance to her inexperience and her newness to the profession. As she reflected more deeply on her practice and shared with the group, she began to recognize that her desire to please parents was a familiar theme that played itself out time and time again. Unknowingly she had been held hostage by the belief that she could not change this behavior, and so carried this burden of inadequacy within her. Her therapy could not improve as long as she struggled with issues of doubt and remained unaware of the reasons for her actions.

Niki had been ruminating over her dissatisfaction with her work for some time and seemed to embody the self-doubts and self-castigations which held her back and sent her to a self-limiting and depressive place. Perceptions of her self acted as barriers to learning and understanding, and prevented her from changing her therapy. For Niki the lack of support she received and her need to be validated by someone seen as an "expert" overshadowed any chance of reformulating her therapy. She did not yet understand that as she began to support herself and find her own answers, she, too, could uncover deep wells of knowledge and perform as a competent therapist. As she struggled with her self, so did her therapy struggle.

The theme of struggling with self also echoed throughout my exchanges with Heidi. She spoke of the difficulty of finding the time to give herself fully to her career and also pursue advanced learning. She also shared her great difficulty with feeling secure enough to take risks in her practice and seek out support from colleagues and veteran therapists with more knowledge in the field. It was not yet apparent to Heidi that her limitations stemmed from a lack of belief and a limited view of her self and her ability to find answers to seemingly complex problems in her therapy. Fear fought against her desire to move her forward in her career. Until it was made clear that her own personal uncertainties were what prevented her therapy from advancing, she remained embroiled in a battle with outside forces such as lack of time and lack of support. Her conviction that an external change needed to occur before her work frustrations could dissipate interfered with her reflections on her own actions and her choices for self-transformation.

It was apparent that struggling with one's self and one's practice was a major theme permeating these women's lives. Occupational therapy with the special needs child means struggling to find one's self, one's way, and one's place as an occupational therapist in a specialized field. The experience of struggling as an occupational therapist had a familiar resonance that led me to reflect more deeply on their situations and my own. What I realized is that wrestling with one's practice is a common theme in developing professionally and personally. It could be said that the road to knowing is always reached from an unknown place. Gadamer comments on the importance of knowing our own exigencies and ourselves before we can possibly make decisions about how to function as professionals in the world: "We have to learn from our own needs and from the practice of our own life how to find generalities and to make institutions which promote what is best" (Gadamer cited in Smits, 1997, p.290).

These practitioners' anxieties about their image of themselves and their performance as therapists is painstakingly clear. What is not so clear for them or for other professionals seeking answers to practice problems is that the journey towards understanding and expertise in any field may often be fraught with existential angst and personal drawbacks. A much taken-for-granted notion in professions and society as a whole is that answers can be achieved through the application of theory and technique. This prevailing myth is so deep-rooted in our culture that we have taken it into the classrooms of our schools and universities. Many of our institutions fail to consider the power and importance of self-knowledge and awareness, self esteem and support networks for the novice professional. Ours is a rational cultural that disdains introspection and critical reflection, displaying much more interest in immediate answers to complex situational problems. Labeling, categorizing and applying normative values has become the prescriptive solution sought by the masses. Rather than attempting to individualize treatment and teach for unique circumstances, we in the collective have bought into the well-established belief that generalities are more important to understand than unique and individual examples. Research continues to focus on large samples of subjects for generalizations that can be applied to large numbers of conditions. This technocratic approach to understanding professional as well as life problems often undermines individual knowledge, and can be a self-alienating stance which may limit opportunities for colleagues to come together to share, gain support and develop as individuals and therapists.

As one struggles to believe in one's self, belief in the ability to carry out therapy also suffers. Fears and doubts stand in the way of taking risks, asking pertinent questions and seeking out answers from nontraditional forms of inquiry such as we have seen in this study. It is not deemed appropriate to seek out understanding via unorthodox avenues. Yet, as we have heard, reflective inquiry often provides more encouragement and reinforcement than positivistic approaches. Journaling, creative expression, assumption revision, and mentoring may be viewed as less valid than other means of practice investigation. There remains a persistent belief that strategy and technique are the only "true" paths to knowledge.

Although these therapists had been schooled and trained in a recognized university program, they rarely critically questioned their actions. As we have heard, such critical reflection often seemed to make the difference between understanding and not understanding for them in the study. Therapists who may be considered "experts" in their field often rely on tacit knowledge (reflection in action) to help discern what treatment will work best for their client. If young practitioners only rely on book-knowledge to make decisions regarding therapeutic interventions, where does that leave the profession and the clients that we treat? How do we begin to create learning experiences for professionals that encourage the use of critical reflexivity in their practices? How is it possible to gain deeper understanding of theoretical principles and personal potentialities if we continue to push for systematically rigid procedures that omit a legitimate understanding of the problem? I believe that collaborative inquiry and critical examination of one's experience, which occurs in hermeneutic conversations, can begin to offer additional possibilities for self-knowledge and professional development. Alternative means such as those I've just described can only enrich our institutions and help others to recognize the value in their struggles with self and work.

Belief in Self/Belief in Therapy

An assertion of who we are in the world is an exciting event that may happen slowly at first and then burst forth with an unanticipated boldness that catches the self off-guard. Self-awareness can bring new meaning to life; a personal drive lying dormant in the recesses of one's self may begin to make itself known. Such was the case for Niki, who described how her breakthrough with teaching parents therapeutic techniques led to a new understanding and appreciation of what she had to do in her practice in order to gain compliance from the caregivers. Compliance was necessary to the special needs child so she or he could reap the benefits of consistent therapy and care.

With this new discovery, Niki's bruised and battered self could finally see value in her being, value in her therapy. A new view of herself as an occupational therapist began to emerge. In this new view, she saw herself as a therapist who possessed potential and abilities. Beliefs of ineptness of self melted away as new beliefs of competency and potency surfaced and asserted themselves in her therapy. Excitement returned and a desire and determination that was sorely lacking entered her life. Hope seemed to be a new perspective that slipped into the view of her horizon.

Belief in therapy was not a strong enough stimulus to advance each woman's practice forward. It was the belief in her self that empowered her to take action and assert her rightful place in her own therapy. The difference in Heidi's attitude toward her self and her therapy appears when she clearly and succinctly describes treatment protocols, current research rationales and efficacy studies for feeding and swallowing disorders in children. Her vernacular understanding of therapy has changed because of a revised picture of her self as a person. A new identity can be said to have issued forth, not as a result of her trust in therapy, but rather as a result of the safe environment in which she has been able to seek out answers, grow and reflect on what she was doing and why she was doing it. A new sure-footedness as a person enabled her to develop confidence in her skills. Sharing her vulnerabilities with others appeared to validate her feelings and release her from the bondage of emotions and sensitivities that made her question her own value.

Carrie was able to risk using new approaches in her practice after discovering that the uncertainties in her self would not simply disappear if she avoided action. As she took one brave step toward implementing a new program, her confidence seemed to soar, permitting her to implement tools such as the video and more formal assessments. Renewed feelings of courage and deeper understandings of treatment supplied her with a faith that enabled her to trust in the therapy that she was delivering to clients.

Believing in one's abilities and self as a whole often occurs as an afterthought, or when a crisis of confidence is too big to be overlooked and must be dealt with. Our culture values skills over feelings and results over process, and seems to promulgate ideologies which run counter to the participants' experience in this study. Workshops, in-services, practicums and seminars continue to offer a plethora of courses on time management, specific skill sets, organizational tools and goal setting. How is it that we have come to believe that we can ignore the development of the self in our quest to find greater understandings and wisdom in our professional lives? Why is it that education and business continue to train individuals to master delivery and systems rather than support workers to deepen their awareness of themselves so that they can be better people and thus better providers? There is certainly evidence in many fields of education of an attempt to provide professional development courses that focus on reflective engagement and assumption revision; however, such courses are not the norm and are often poorly understood and not well-received by the general population. We are still a world community which values "facts" and observable results over experiential approaches that endeavor to expand our horizons and emphasize the importance of self-knowledge.

Some Final Reflections on the Journey Taken

There is no final destination to be arrived at on an action research and hermeneutic voyage. Rather, new vistas have developed, along with the traveler's understanding that further questing is required to help us comprehend occupational therapy with the special needs child. New territories have been conquered and many other territories remain yet to be explored. The hermeneutic and action research path has been one fraught with confusion, enlightenment, frustration and exhilaration. A new clarity into my personhood and my practice with the special needs child has been brought to the forefront. I also believe each co-researcher has reached a deeper understanding of her life and her therapy. Working together, a new respect for one another's lives and practices emerged. With this respect and sharing of our lives came a greater appreciation for what is and is not needed for a meaningful practice to thrive and remain vibrant. The meaning of therapy is no longer shrouded in unknowns, since a fuller picture of what it means to be with and work with the special needs child has been uncovered.

My purpose in carrying out this research was to enrich my understanding of occupational therapy with the special needs child and the experience of an action research project among occupational therapists. The main premise of this investigation was that carrying out action research with occupational therapists could help to enhance understanding of occupational therapy applications for special needs children, and facilitate therapists' practices and understandings of their clients. I believe this study has shown that each participant developed greater insights into her practice, as well as new understandings of therapeutic applications for the children that she treats. I, too, was able to procure a greater apprehension of what it means to be an occupational therapist with special needs children. Many discoveries and illuminations were also synthesized and made manifest through collaborative inquiry between researcher and co-researchers. What remains to be discussed are additional impressions and inferences about the research and some of the implications for occupational therapy and professional development. It is hoped that the reader will discover new meanings for her or him self among the pages of this thesis and that these therapists' lived experiences will assist others in their quest for self-knowledge and professional growth.

I posed many questions at the beginning of my trek. These questions were a result of deep reflection on action research and occupational therapy. The further I proceeded in this direction, the more palpable became my enthusiasm to participate in collaborative inquiry with occupational therapy colleagues. Much like a piece of clay that is molded and shaped to become a discernable piece of art, the initial work in this study was often difficult and slippery, requiring much effort to break through the dense material until an understanding of the new substance could be experienced. At times, the matter exhibited no distinguishable features. As I continued to blend my own understandings of the work before me with the new material I had not experienced before, signs of a unique and fecund creation began to emerge. What at first appeared as an unrecognizable substance soon began to reveal its deeper nature.

Impressions of the Research and Implications for Therapy and Professional Development

What began as a brief sojourn into action research has become an extended expedition into reflective practice. My experience and the experiences of my colleagues have forced upon us a deeper view of our practices and ourselves. Although each participant may choose to go back to her everyday life and never be reflective again, the experience of analyzing one's assumptions and one's practice is a marked event on our beings and has made, for some, incontrovertible changes in her self.

What else did we learn from the experience of being more reflective as occupational therapists? As we have heard from our three junior occupational therapists, becoming more reflective was not always comfortable, especially when they were asked to use art as a means to express their feelings about their practice. And yet, insights occurred with the creative expression exercise, and the novelty of the experience seemed to speak to their desire to be more creative and free in their practices. So, although creative means to explore practice problems may not be received readily, there can be value in introducing it to professionals who would not normally gravitate towards experiential learning.

Transformative learning strategies carried out in this study helped each woman to begin to examine many of the assumptions she was making about her person and her therapy. Reflection alone did not create new understandings and opportunities to transform practices. Rather, critical discussions amongst peers examined beliefs and fears that were preventing each individual's professional advancement. This examination took place in a community of collegial support and sharing that supported women who felt vulnerable in their discipline. Coming together to share and work out practice issues seemed to open a space for a renewed belief in the possibilities of therapy for the special needs child. One of the main discoveries of a reflective and collaborative approach to practice problems was a resurrection of their feelings about themselves and their practices.

Collaborative inquiry also enhanced the process of constructing new knowledge, creating an atmosphere of community learning, and bringing attention to topics which were poorly understood by the participants. Topics such as feeding and swallowing dysfunction and fine motor delays were explored in more depth by all those involved. Introducing occupational therapists to action research and transformative learning also had other positive benefits: the occupational therapists 1) learned how to incorporate new occupational therapy principles into their treatments; 2) heard how other therapists were coping with implementing treatment strategies into their individual practices; 3) gained support and encouragement from their peers while experimenting with new techniques in their practices; 4) described feeling more confident in their ability to discuss occupational therapy concepts with their clients' parents; and 5) described feeling better qualified to carry out occupational therapy treatment techniques with special needs children. Allan & Miller (1990) conclude that "models of action research, like our teacher-researcher collaboratives, can improve the teaching-learning interaction within classrooms and enhance the professional outlook and critical thinking of experienced teachers" (p. 202). Likewise, the occupational therapy practitioners in this project were able to ascertain where the "real" problems were in their practices and learned to foster a more supportive environment amongst peers by using action research for their professional development.

The insights derived from our conversations together are important for individual practices as well as professional development communities at large. Ideas of what constitutes exemplary professional development may need to be re-examined, based on these narratives of novice therapists exploring their practices. An invaluable tool for building professional confidence was the support and guidance of pediatric therapists who remained nonjudgmental of colleagues, and who encouraged each other on their journey toward deeper awareness and knowledge. Carrying out professional development in the manner described throughout this thesis can help to transform the relationship between occupational therapists and their colleagues, clients and caregivers.

As we continue to develop in our practices and grow as people, what seems to be the final leg of this journey is just another juncture at which to hop off and learn some more. The journey continues as occupational therapists gain new insights and a deeper understanding of their own as well as other colleagues' practices by researching, questioning, discussing and reflecting on their actions in a collaborative manner. Hopefully, others will join the path of understanding so they, too, can learn new ways to improve their practices and deepen their understanding of themselves.

A View from My Horizon

Journal Excerpt – July 18, 1999

So why do this work? What is the meaning of working with these children? These very special children. I am aware on some level that I have brought myself (not consciously) to this place of working with the special needs child. I relate to these children. I understand their sufferings and have compassion for their struggles for normalcy. I understand their uniqueness and their need to be loved by others in spite of their conditions. How did I arrive at such understandings? The answer is simple. I, too, was a child with limitations, was considered "different" and struggled to find my place in the world. I was born with several congenital anomalies and was labeled "special" by many friends, family, teachers and the medical world. I faced several hospitalizations, surgeries, therapies and attempts to help me have a more "normal" life. Along the way I met many people who were instrumental in my physical, emotional, and spiritual healing. I also met many who lacked sensitivity, compassion and understanding of my very special needs and requirements and who, at every turn, limited my potential, berated me and dashed any real hopes of my overcoming many of the obstacles I faced. There were also others who perpetuated the myth that "everything was fine" and that my life could easily be lived like anyone else's. I now call this kind of thought "denial of what was." I have since acknowledged the fact that being disabled, disfigured, different, slow, abnormal, delayed, or having special needs is difficult in a world that is preoccupied with children who are normal, better than, above average, successful, exceptional and gifted. I am not some embittered, sorrowful victim of an unusual childhood. I am a dedicated therapist seeking to discover deeper understandings of the work that I do with a unique population of children, and of what this work means to occupational therapy, our practice and other therapists' practices. By exposing my vulnerabilities and myself, I hope to lend credence to this study, and to what thus far appears to be a journey of self-discovery.

I had a preconceived notion of what this thesis would be. I ignorantly presumed I would be doing a study about collaborative research with occupational therapists. I now believe that this work I am about to embark on, is much deeper than that. Yes, it is about working with other therapists. But it is more about discovering the meaning of our practices and what understandings can be derived from this thing called "therapeutic interventions". Through hermeneutic inquiry one can uncover and discover new meanings of practice with the special needs child which will hopefully yield profound learnings that can transform and reconfigure how we carry out our work.

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APPENDICES

APPENDIX A

Laurene Algar
Manager
Children's Team
Edmonton Home Care Program

Dear Madam:

My name is Kathy Mulka and I am in the process of completing research towards a Master's degree in Adult Education. My interest is in occupational therapists looking closely at some aspect of their practice which would benefit them and the children they treat.

I have informally spoken with two of the occupational therapists that work under your supervision and they expressed an interest in participating in this type of research. I want to stress that it will be the occupational therapist herself who will be involved in a research topic of interest to her and of benefit to her clients. I will be an observer and facilitator of the research, and will provide assistance when requested. The period of research will be approximately two months long. New findings or knowledge gained from this research will be shared with your organization.

I would like to formally request permission to carry out research with occupational therapists on the children's team beginning the last week in August and running for aproximately 10 weeks. I am enclosing a "consent to participate" form that will be given to each parent or guardian whose child is involved in the occupational therapist's research.

Thank you for your assistance. If you have any questions or concerns please contact me at 438 – 7126.

Sincerely,

Katherine Mulka, BScOT(c)
Occupational Therapist

Consent to Participate

I,____________________, agree to participate in this study which will be carried out by Katherine Mulka. I am aware that the purpose of this study is to carry out an action research project among occupational therapists working with special needs children and the children's parents or legal guardians. I understand that this study is part of a graduate thesis by Katherine Mulka, under the supervision of Dr. Carolin Kreber of the Department of Educational Policy Studies at the University of Alberta.

I am aware that the action research project will take place according to the time frames decided upon by the participants. I understand that my participation in this project is completely voluntary and that I can withdraw from the project at any time without consequences. The study will commence on a date that is agreed by all participants involved and then run for approximately ten weeks.

I am aware that complete confidentiality of my name will be guaranteed. Other individuals mentioned in the study will remain anonymous. Pseudonyms will be used and identities changed so that they are not easily recognizable from the information gathered. As well, the research facilitator will be the only person who has access to any written information related to this project. The written information will be stored in a secured location until the study is completed.

Finally, I understand that the research facilitator will use the data obtained from this study for the purposes of her thesis and the written thesis of this project may be shared with other occupational therapists, professionals, or individuals that share an interest in the topic.

Signature____________________________

Date ______________________________

Witness ____________________________

Dear [Participant]:

I am a Master's student in the Faculty of Education at the University of Alberta. For my graduate thesis, I am carrying out an action research project among occupational therapists working with special needs children and their parents or legal guardians.

Your participation in this study is greatly appreciated. In order to ensure that you have a thorough understanding of the project we are about to embark on, I am enclosing a *Consent to Participate* and a *Study Description* which will hopefully give you a clearer understanding of your involvement with this study and my purposes for choosing this area of interest.

Today's meeting is an opportunity to ask any questions or discuss any concerns you may have related to the interview. Please take this opportunity to read the enclosed materials and I will then answer your questions as best I can.

Thank you again for your participation.

Sincerely,

Katherine Mulka

Study Description

[Participant]:

By participating in this study, I hope to learn more about the experience of carrying out action research among occupational therapists working with special needs children. My interest in developing an action research project began as a result of conversations I had with several occupational therapy colleagues. Several of these colleagues expressed concern over the lack of resources and research related to theory, and the treatment of children with special needs, from an occupational therapy perspective. Through some informal inquiry of therapists, I discovered that there was considerable interest in this area and that an action research project for this particular group of therapists could be very valuable. The main premise of this study is that using action research with occupational therapists can lead to a better understanding of occupational therapy applications for their clients, and will help to improve the occupational therapists' practices and understanding of the special needs children they treat. In addition, other professionals or individuals involved with special needs children may find the final report from this project illuminating or useful.

Your involvement in this study will consist of participation in an action research study that will run according to the time frames decided upon by the participants. Today we are meeting to give us an opportunity to become better acquainted as well as answer any questions you may have. Today I will also describe the study in greater detail. Prior to our next meeting together, please take some time to look over the action research project outline.

Finally, I want to reiterate that your participation in this project is completely voluntary. All the information will be kept confidential and you may withdraw from the project at any time without prejudice. If you decide to withdraw from the interview project, all information about you will be destroyed.

Please feel free to contact me at 438-7126 if you have any questions or concerns.

Sincerely,

Katherine Mulka

Consent to Participate

I, ___________________, grant permission for my child, ____________, to participate in this study which will be carried out by Katherine Mulka and ____________________. I am aware that the purpose of this study is to carry out an action research project among occupational therapists working with special needs children and their parents or legal guardians. I understand that this study is part of a graduate thesis by Katherine Mulka, under the supervision of Dr. Carolin Kreber of the Department of Educational Policy Studies at the University of Alberta.

I am aware that the action research project will take place according to the time frames decided upon by the participants. I understand that my participation and my child's participation in this project are completely voluntary and that I can withdraw my child and myself from the project at any time without consequences. The study will commence on a date that is agreed by all participants involved and then run for approximately ten weeks.

I am aware that anonymity of my child and myself will be guaranteed. Pseudonyms will be used and identities changed so that they are not easily recognizable from the information gathered. As well, the research facilitator will be the only person who has access to any written information related to this project. The written information will be stored in a secured location until the study is completed.

Finally, I understand that the research facilitator will use the data obtained from this study for the purposes of her thesis and the written thesis of this project may be shared with other occupational therapists, professionals, or individuals that share an interest in the topic.

Signature_____________________________

Date _______________________________

Witness ______________________________

Meetings

Meeting #1: An opportunity to introduce action research briefly. Discussion of time lines and length of meetings. Time to answer any concerns or questions about the study.

Meeting #2: Meet individually with each co-researcher for an open-ended interview about their practice as an occupational therapist.

Meeting #3: Session #1: Overview of Action Research. Introduction to action research and transformative learning. Presentation and transformative learning exercise. Introduce journalling. Begin thinking about research questions.

Meeting #4: Session #2: Cycle One – choose action research project. We will review how to set-up and organize your action research project. Data collection procedures will be explored. Discussion and critical reflection.

Meeting #5: Session #3: Review of Action Research. Further discussion around action research projects. Discussion and critical reflection. Review data collection and method. Implement action research projects. Set up OT visits with clients.

Meeting #6: Session #4: Action and Observation – action research underway. Discussion amongst OTs to ensure each co-researcher following her plan.

Meeting #7: Session #5: Evaluation – Discussion and evaluation of action research. Reflection on action research. Return to your own practice and reflect some more on the outcomes of your research. Criteria for success met or not?

Meeting #8: Session #6: Cycle Two of the Action Research Project. What was your overall impression of the action research process? What has been learned? Implement second cycle of action research.

Meeting #9: Session #7: Presentations – formal or informal presentations of your action research project.

Meeting #10: Interviews with each OT. What was your overall impression of carrying out the action research? How do you feel about your practice now?

APPENDIX B

Begin by getting some background on each co-researcher:
Name____ race_________ sex__________,
age_______, marital status____________, do they have kids or not_____________, how long working as an OT_________________, jobs previously held____,
interests____
____

Some guiding questions for the interview.

1. Please describe your role as an occupational therapist working with special needs children.

2. Can you share with me your experience of working with this population of children?

3. How has working with special needs children made a difference in your occupational therapy practice?

4. How has your education as an OT prepared you to work with the special needs child? How has it not? Do you feel you have the resources to help solve difficult and challenging problems with the children you work with? If not, what sorts of resources and/or knowledge would help you to feel more competent in your practice?

5. Please describe any difficulties that you commonly experience working with special needs children. Please describe any positive aspects to working with this population of children.

6. Please describe any advantages or disadvantages working within a multidisciplinary work setting with this particular population of children.

7. In working with the special needs child, has your life been changed at all?

8. Are you satisfied with your current work as an occupational therapist? If not, what sorts of changes would you like to see made in your work environment, in your practice or with your clients/co-workers?

Exit Interview:

1. Please describe your experience carrying out an action research project.
2. Can you describe any difficulties you experienced over the last two months while being involved with this study?
3. Can you describe any benefits you experienced over the last two months while being involved with this study?
4. Can you describe how you have become more critically reflective about your practice as an occupational therapist, if at all?
5. Learning what you did from the action research study, do you feel your approach to your practice (with the special needs child) is different? Are there specific approaches that you will take in your work as a result of this research project? What are they?
6. Is your experience working with the special needs child different as a result of your involvement in an action research project? In what way?
7. In what way, if any has your relationship with your occupational therapy colleagues changed?
8. Do you feel you have the resources to help solve difficult and challenging problems with the children you work with? If not, what sorts of resources and/or knowledge would help you to feel more competent in your practice?
9. How has your view of professional development changed, if at all?
10. Has your view of working within a multidisciplinary team changed at all? In what way?
11. What does the experience of being involved in action research project for over two months mean for your practice?
12. Are you satisfied with your current work as an occupational therapist? If not, what sorts of changes would you like to see made in your work environment, in your practice or with your clients/co-workers?
13. Is there anything else you'd like to share?

APPENDIX C

August 26, 1999 - Conversation with Niki

Major Themes

1. Making a difference and providing hope.

KATHY: What is your -- what is your experience? How do you feel about working with these children, or how do you perceive it?

NIKI: It's very rewarding. I find it more rewarding than working with adults just -- I feel like I'm making more of a difference and just -- I think part of it is being able to, interact with the client's family as well, and seeing how it affects all of their lives and not just the child; and I think a big part of it is you give the parent some hope of how their child is going to turn out, so I think that's mostly my experiences, just it being rewarding.

NIKI: Well, when we go in, especially the younger kids, it's usually the parent is -- you know, the child is newly diagnosed, and the parent has no -- a lot of times, I guess, it depends on what their experience has been with people with disabilities before, but they usually have no idea of, you know, what to expect for this child; and lots of times, they're given a very dismal, umm, outlook on where this child is going to be. That's what I found anyways just from the doctor's diagnosis.... So I think when we go in, umm, we sort of point out some of the positive things that the child is doing and what they can -- what they are capable of doing; and, umm, when they reach the first goal that you've set or are able to do something that you maybe didn't even expect them to do, you can just see in the parent's eyes just how proud they are. And, umm, you just see change in them over time, I think, where they're a lot more positive and a lot more into doing that activities, and I guess it depends on the family, but some of them are like that.

KATHY: So that's a really rewarding part? Is how parents respond?

NIKI: Um-hmm.

KATHY: So you feel you make a difference in the parent's lives as well as the child's life?

N: Exactly. Yeah. I'd say even -- well, I guess in the long run in the child's life, but it's more I think -- yeah. The reward is more on the part of the parent because the child is too young to even know why you're there. They don't -- they could probably care less whether I'm there or not, but the parents -- you know, just the support that you give them and the hope, and yeah.

2. Parents can be a source of discouragement.

KATHY: Do you find that difficult ever? Working with the parents?

NIKI: Oh, yeah. That's probably one of the major drawbacks is that I'd say 90 percent of the parents aren't entirely convinced of the -- maybe it's some of the programming or the suggestions that we've given or they're just -- they're busy. They don't have time to do it as often as I would like them to do it, and so you don't see the same progress as you might with -- when you run into a family that's all gung ho about it and, is able to do it more frequently. So that's definitely frustrating: just, you know, to try and convince them of the value of doing what we're doing.

KATHY: Right. Have you had experiences with parents where that's a major stumbling block and sort of hampers what you can do?

NIKI: Yes. It gets frustrating. I've had a few families where it's obvious that they're not doing what you suggested 'cause the child is making no progress at all, and the parent is still maybe handling them the same way as they were before. And after several times of suggesting, it you just kind of think, why am I even here, really. And it's sad to look at the child and think what potential that they're missing out on.

NIKI: Yeah. So that's definitely been -- and then I start to get, discouraged and not as motivated to work with that child because I know I'm not really going to get anywhere with the parent.

3. OT role is huge – lack of time to address client issues.

KATHY: When you mentioned that the O.T. role is huge --- can you share with me a little bit more about that hugeness?

NIKI: It just encompasses so many things. I think whereas more, say, physio seems to have more a distinctive role in gross motor, some of the respiratory things, you can just delve into so many things with O.T. as far as, you know, -- I'd say the fine motor and the cognitive and the feeding stuff is more straightforward in equipment; but I mean, if you had the time, you could delve into all the self-care things, a lot more of cognitive things than I think we have the opportunity to do. 'Cause, really, you're looking at everything in the person's life. I think one area that we really don't have time to address pretty much at all is the psychological and emotional part of it. So, yeah. I just feel like you go into a home, and there's so many areas to look at. Sometimes you don't know where to start.

KATHY: So the area of the psychological and emotional part of it -- what I heard you say was that sometimes you don't address that. Is that a frustration, or do you feel limited in your ability?

NIKI: Yeah. I often feel like there just isn't the time to do what we could do; and really, I mean, I wouldn't -- even if I had the time at this moment, I wouldn't even know what to do because I've never had the chance to even look at that or learn what I could do with that; but, yeah. I feel like and not and not even just that area; but sometimes other things like, like I was saying, some of the self-care things or just looking at how a client's home is set up for an older child, you know, seeing if they could -- I don't know -- turn on the light switch and really adapt the environment. I just don't feel like there's a time to do that. It's just go in to address the specific need that you've been asked to do and get out -- so you can go on to the next one.

KATHY: And so I think what I'm hearing is that time is an issue -- and that limits your practice.

NIKI: For sure.

KATHY: Can you share with me, how you feel about the time that you have with these kids?

NIKI: ... I don't feel like it's enough. I -- probably the most frustrating thing for me is that we don't have time to go in frequently. We can only usually go in about once month, so I have no idea really whether the recommendations that I'm giving actually work with any child because I've never done them. Honestly. I mean, I've showed the parent while I'm out there, tried it out, for you, know 10 minutes while I'm out there; but I've never had the chance to actually, you know, every day three times a day try it with the child; and I think that would be great if I could -- had the chance to try that and see if things really work. So that's probably the most frustrating thing is that we can't get out as often as we probably really should be getting out.

4. Eye-opening experience to the emotional aspects of having a child with special needs.

KATHY: How would you say that working with a special-needs child has made a difference in your occupational therapy practice?

NIKI: I think it's really pointed out the importance of looking at the child's whole life, as in the whole parent thing that I was talking about before. ... it definitely opened my eyes just to the world of, well, different diagnoses and just the emotional aspect of it for other people in that childs' life, how hard it is to, accept that your child has a disability and just changes their whole outlook on the child's life and, -- so it's just opened my eyes to all of that...

KATHY: So when you say it's open my eyes ... could you expand on that a little?

NIKI: I think I had a pretty limited view before -- well, not -- not really knowing what I was doing for one; but, I hadn't really had experience with people with disabilities other than with my -- in my practicums; but that time isn't really long enough to get a clear picture. So I think now that I've had more time, it's -- yeah.

5. Compassion and empathy for the world of disabilities.

KATHY: And how is that experience of realizing what the families, have to face or how is -- how's that impacted you?

NIKI: Given me lot compassion and empathy for those people; and I think just in general, I'm a lot more open-minded with other people, a lot more accepting of different people, people with different views or different ways of living and even just, umm, the fact that we get to work with so many

KATHY: So, in working a special-needs child -- how has your life been changed, if at all?

NIKI: Oh, goodness. That's a big question.

KATHY: Take your time.

NIKI: I think -- it just really makes you appreciate just life and just the miracle of a normal birth. I mean, like how that ever happens, I don't know. There's so many things that could go wrong. But I think it's also, -- it's probably had an effect on, just, spirituality as well, just, you know, why does this happen and, looking at that sort of thing. So I think it's impacted my life that way. And just -- I mean, I had no idea about what it was like even to actually care for a baby, much less a child with a disability; and it's just so huge of a responsibility. And I don't think I really had any idea about that before just for any child, much less when you've got all these other things happening, too, and just, you know, recognizing that I don't know if I could do it.

NIKI: ... like I said before, just looking at just the way that I view other other people and interacting with other people and, I think just my empathy with people with disabilities that I might run into on the street or whatever just, you know, thinking about what their whole life has been up until now and having some idea of some of the challenges that they may have faced which are probably even greater than what kids experience now.

6. Culture.

NIKI: Given me lot compassion and empathy for those people; and I think just in general, I'm a lot more open-minded with other people, umm, a lot more accepting of different people, people with different views or different ways of living and even just, umm, the fact that we get to work with so many different cultures, too. I mean that's huge. That's affected me a lot. I think just in, -- learning about the cultures and, umm, just being more open-minded about interacting with those -- with people.

7. Undergraduate preparation for working with the special needs child.

KATHY: Can you tell me how your education as an occupational therapist has prepared you to work with special-needs child?

NIKI: Did it? [laughs] I don't know. Well, I think obviously the placement helped hugely. I don't think I would be here if I didn't have the placement, so that was just -- I couldn't even put a value on that. That was invaluable; but as far as the classroom, nothing. It didn't do a thing. Nothing. I just -- that's been very frustrating. I mean, I've gotten to the point where I just accepted that and realized that I have to learn that on my own; but I really think they need to do something, change something. I know that most profession -- professionals when they graduate feel like they're not really prepared, but I -- I think that it's a little bit excessive in O.T. I could just remember the first time that it really made me realize how little they prepared us was when I was going to a, umm, a case conference for a client. It was soon after I had graduated and started on the team; and the whole -- people at the case conference looked at me and said, Well, you're the expert in feeding and swallowing, so what would you recommend? I was thinking I had like about a three hour class on this. I don't know. So, yeah. It's just -- it's not -- I mean, I don't think it's good professionally either, really, because the clients aren't getting the best care when you're getting a new grad that doesn't really know what their doing.

8. Decreased self-confidence about OT practice .

KATHY: I heard you mention your confidence, so this is sort of a -- a -- do you want to just elaborate on that? The confidence factor here?

NIKI: It's very low. It's been low since I graduated. I -- I mean, I think part of that is just me in general -- out -- like my whole life, but yeah. I just -- without having anyone to guide along and say you're going a great job…

KATHY: So, can you say what might look successful for Nikki if you were to -- if you had, sort of, an ideal picture of -- you felt good about your practice? Would there be some signs, or do you even know how that would look?

NIKI: I think it would be me feeling totally confident with what I'm giving. Like, say, for programming, I see a problem; and I think, oh, without a question, I need to do this and -- and more than that, to feel confident in showing the family how to do it, you know, demonstrating it on the child and having it actually work while I'm there --

is always nice, so yeah. If I was able to do that, I think that would be great. And I think, you know, a lot of times, say, when I'm doing a joint visit with one of the physios, according to them, I'm doing the right thing; but I just – I still -- I'm still not confident when I'm doing it. Which I end up, kind of, stumbling with my words or making stupid little mistakes or whatever, say, with the transfers or something like that, so yeah.

9. Need for an experienced therapist expertise to help with confidence about practice.

KATHY: So what I'm hearing is that you don't really feel like you always have the resources. So in an ideal world -- what kinds of resources or knowledge do you think would be helpful to help you feel more confident in your practice?

NIKI: An experienced therapist to, uh, bounce ideas off someone to -- I've never had someone to come out and tell me if what I'm doing is right. I mean, I've read stuff in books and then tried it, but I don't even know if I'm doing it correctly. It would be nice to have someone that -- yeah -- could, just -- maybe I am doing everything fine. I mean, a lot of times I'll be thinking, sort of, I'm sure about what I'm doing and then, you know, go to case conference at, say, the Glenrose or something; and they'll give all the same suggestions that I had; but it's just that confidence thing because I've never had anybody to tell me if I'm going it right or not. So, yeah. If there was someone else around, that would be nice.

KATHY: And if not, what sorts of changes would you like to see made in your work environment, personally, in your practice, your clients, co-workers -- any of those things?

NIKI: Well, I'd like to have -- I'd love to have a mentor that was there exactly when I needed that person, that could, you know, if I could be comfortable with someone seeing what I'm doing without thinking, oh, my God, I can't believe she's been doing this for two years; you know, being able to give feedback that way. That would be very helpful. And having more hands-on experience, which neither of those I don't think I could get in this present job.

10. Lack of "hands-on" impacts specific treatments with special needs children.

KATHY: Can you describe for me any difficulties that you commonly experience with these special-needs children?

NIKI: Okay. Well, feeding and swallowing is, I just find the whole area in general difficult, as in, -- mostly kids that are G tube fed that we're trying to return to oral feed is just -- I -- I mean, I know what to try, but then the whole thing of the parents following through comes into play, so when you don't see progress, you don't know if it's because of the parent or because of the treatment.

NIKI: So that whole area -- and I just -- I'm not really comfortable with it because I haven't seen a whole lot of success with it.

KATHY: So, when you say the whole feeding and swallowing area is difficult, you're not feeling comfortable. Are you feeling -- could you maybe tell me what you're feeling? Are you feeling blocked or stuck or --

NIKI: Umm, I -- I think it's mostly -- what I really feel like I need is to take a kid and have them for like a week and just try some of these things on them. I just feel like I don't have enough opportunity for hands-on --

KATHY: Right.

NIKI: So in addition to feeding and swallowing the, -- I still am not really confident with handling kids with muscle tone problems, hypertonic or hypotonic for the same reason: not enough hands-on experience...

KATHY: Okay. So what I hear is that these particular two areas are, sort of, common difficulties that you experience; and, you feel that if you had the actual hands-on experience with the child that this experience might bring you some insights or understanding that you don't have right now.

NIKI: Yeah. Yes. Yeah.

KATHY: And, is there anything else that you think that you might need to make -- to meet this that you difficulty?

NIKI: I think some more background education. I mean, I know I've been taught it before; but again, would be good: just, you know, anatomy and physiology and feeding and swallowing and with tone, like, just the theories behind some of the treatment that we're recommending.

11. Recognizes team support to be very valuable.

KATHY: Can you share with me -- do you find that there any advantages working with a multidisplinary team?

NIKI: Yes. Many advantages. Just having the knowledge from their different viewpoint is is nice. The nurses are often really knowledgeable about diagnoses and just, sort of, the, -- medical side of things; so they can always give insight into that. And they are very, very good case managers because they've had more experience with it and so that they're a great help just as far as, you know, working through case management issues.

Physiotherapists are wonderful because lots of times they seem to even know what I should be doing. They're -- they're just really good with teaching and, you know, showing some of the -- some of the areas that cross over between O.T. and P.T. They do a lot of teaching that way, so that's nice.

And well, of course, social work involvement is nice just for the psychological social issues that are going on with the clients. So I think it's -- it's -- I mean, you couldn't do without it really.

12. Dissatisfaction as occupational therapist.

KATHY: So, you shared with me a lot about different aspects about occupational therapy with a special-needs child, and can you give me a sense of, -- with this current work, would you say that you're satisfied or not?

NIKI: Umm, no. I'd say I'm not.

NIKI: ... well, I'm feeling the need for a change, just ... I just feel like it's been two years; and I thought that by now I would, you know, have a handle on things and feel really happy; but I'm not. So I just think I need to do something because I've just -- I've just lost motivation to really make an effort at making a change, you know.

KATHY: So, when you say "something," do you mean a change in -- and you don't have to answer this as well -- a change in your career or a change in --

NIKI: I think a change in my career. Yeah. Not out of -- not out of O.T., I don't think, but just -- I definitely want to stay in pediatrics, -- but I'd think I'd benefit from a different setting where I'd -- I do have access to a lot of people and more hands-on time with kids.

KATHY: Are there other feelings, other than just needing a change, that you can share with me?

NIKI: Uh, really frustrated.

KATHY: Um-hmm.

NIKI: Really frustrated. I just don't know what else to do. I mean, I've tried a few different things to try and make it better, but nothing's happening. ...So, yeah. I'm just feeling really frustrated, really, unmotivated just to do any reading or -- learning that way.

13. Professional Development

KATHY: ... have you taken any professional development courses --

NIKI: Yes. ... I find often when I take a course, I'll be really excited about it initially, but then I won't have the time to actually read about it some more and look back on my notes, and then I just totally lose it, and I don't know why I even bothered taking it 'cause I've taken a few. I took one in the States on feeding and swallowing which -- looking back now -- it didn't really do anything. It didn't help me at all. And couple of seating ones that -- I don't know. They weren't -- they were a little bit to too general to be helpful, so yeah.

KATHY: It's kind of disappointing.

NIKI: Yes, it is. Sounds really negative, but --

KATHY: It's real.

NIKI: Um-hmm.

KATHY: You're being very candid and -- and I think, umm, there is a -- there is a limited number of professional development -- courses, and that's kind of what this research is all about.

NIKI: Right.

KATHY: Is that -- exactly. There's -- in me, there's a frustration that there is a limited amount of relevant courses. ...[for the] High needs, unusual child -- children that we see.

NIKI: Exactly; and, you know, some of the courses that are offered look great but you'd have to pay $3,000 to go down to the States and take a month off which would never -- we'd never get funding for it, so --

NIKI: ...Yeah. They never come here.

KATHY: Yeah, that's a major stumbling block, isn't it?

NIKI: Um-hmm.

November 5, 1999 – Exit Interview with Niki

Major Themes

1. Views action research as positive experience

KATHY: Can you please describe your experience carrying out an action research project.

NIKI: Oh, I think it was a very positive experience in that, well, I did the research project with colleagues of mine; so it helped us to connect, not only during the project time but at work as well; and it also gave me a means to start learning some -- about some of the things that I was feeling uncertain about in my practice, although it was time consuming but all learning is.

2. Increased support amongst OTs

KATHY: How about your relationship with your O.T. colleagues, has that changed at all?

NIKI: I don't know that the relationship itself has changed, but I think I'm really -- I'm making -- although in the past, we had -- we had approached each other to talk about clients and that kind of thing, but I think maybe I'm a little more comfortable in doing that now, knowing that they are pretty much feeling where I'm at, whereas before I might have assumed that they might think it was a stupid question or something like that. So I think I'm more likely to review things with them now and get their opinion and --

KATHY: To reach out.

NIKI: Um-hmm.

KATHY: For not only knowledge, but support.

NIKI: Yeah, for sure.

KATHY: Does it feel safer?

NIKI: I think so, yeah.

3. Action research benefits: a method to learn and improve OT practice

KATHY: Are there some specific benefits that you gained in carrying on an action research project over the last two months?

NIKI: Focus, like on one specific area, rather than just feeling overwhelmed by the plethora of things that I'm not feeling confident in. Yeah, so gaining really a method of breaking it down into one little question and learning that piece and then going on to something else.

NIKI: …but also just in assessment in general, well, I guess more in feeding or fine motor assessment or something like that, that rather than just blindly assessing what I thought I was supposed to assess; for instance, a child stacking blocks, whether they can stack them or not, I think I'll be looking more at why I'm assessing those things. Like, I'm looking at controlled release and, you know, all of those things, so I think -- I didn't really question why I was looking at the things I was looking at, and now I can start to learn how to break things down …

4. Shared feelings

NIKI: …I think just in talking with -- talking amongst ourselves at the meeting, out of that just came a lot of personal feelings about our practice, being fairly new therapists; and that was just neat just to, you know -- that that's a shared feeling of lack of confidence and all of that, so that was really a positive thing.
KATHY: Were you surprised by that?
NIKI: Not entirely. I mean, I kind of had some sense that people were feeling the same way; but to have it more described a little more, like going on visits with the physios and that we were all doing the same thing, you know, that was good.
KATHY: So that helps, hearing that other people --
NIKI: Yeah.
KATHY: With those specific experiences helps you to feel maybe --
NIKI: Validated. Yeah, like it's okay for me to be feeling this way, that it's not just that I missed everything that we learned in O.T. school or something, that it's not just me, that's its everyone.
KATHY: You're not alone.

NIKI: …And collaborating with other therapists validates what we're doing, as well.

5. Evidenced-based practice

KATHY: So what would -- what can you say or what would you -- can you share with me this experience that you had; what could you say it means for your practice?
NIKI: I feel that it means evidenced-based practice. I think it sort of gives more of a means of, well, improving my skills so that I can really establish a goal for a client and knowing have they improved or not and establishing more realistic goals by learning things a little better.
KATHY: Right.
NIKI: So, yeah. I think it'll just improve my practice in that way, although this will be a very slow process because there's so much to know
but --
KATHY: Always.
NIKI: And I think just, you know, some of the things that came out of it as far as the video taping and the checklist and stuff like that, those are things that we can actually use in our chart to prove that, you know, what we've been doing and why we're doing it.

6. Improvement in practice – teaching caregivers

KATHY: Do you think that your approach to your practice -- with the special-needs child in particular is different? So are there specific approaches that you will implement in your work as a result of this research project, and you've already talked about checklists and how you maybe observe and assess a child. I guess you've actually already answered it, but is there anything else?
NIKI: Well, I think also the teaching part, really being extra cautious with that and ensuring that the parent can show me that they know what I'm talking about, rather than just giving them the programming sheet and assuming that they're going to read it and know automatically what to do. So that -- yeah, that's probably changed.
KATHY: So you feel your confidence has risen a little in that area?

NIKI: Um-hmm.

7. Increased value/potential
KATHY: Okay. Now, is your experience working with a special-needs child different as a result of your involvement in this project?
NIKI: I think it's more -- more of a positive experience in that I feel like I have more to offer when I'm really knowing what I'm assessing and really teaching the parent. I feel like it's more valuable; my involvement is more valuable maybe to the parent, as opposed to me just not really feeling
like -- I didn't really see the purpose in a lot of the things I was giving; so now for me to have that and be able to explain why we're doing these things, I think will help in getting parents to follow through; and so yeah, I think it'll be more positive and hopefully more results, but that'll be yet to be seen.
KATHY: Right. So you -- like you perceive yourself differently is what I'm hearing.
NIKI: Um-hmm. I feel like I have more potential. Like the potential is there to improve a lot more and to be that confident little therapist.

8. Increased understanding of treatment
NIKI: I didn't really see the purpose in a lot of the things I was giving; so now for me to have that and be able to explain why we're doing these things, I think will help in getting parents to follow through; and so yeah, I think it'll be more positive and hopefully more results, but that'll be yet to be seen.

9. Views professional development differently
KATHY: How has your view of professional development changed, if at all?
NIKI: I guess, that you don't need to go away and spend $2,000 on a course to learn something, that you can -- it's achievable to do it on your own. It's just -- well, you know, in a work setting. It's just a matter of figuring out what you exactly need to learn.
KATHY: And you mentioned that you as a group might start meeting together. So has that -- did you have a view before that you wouldn't be able to do that, or did this inspire something of that or --
NIKI: I think it made it more of a priority 'cause I think we all saw what the potential was for improving our practices and that it's obviously important and really, probably couldn't be disputed by management, to improve your practice. So yeah, I think it's made it a priority.

10. More satisfied as an OT
KATHY: Great. Has your view of working within a multidisciplinary team changed at all? In what way?
NIKI: Just in the fact that I feel like I have more to offer now, and I feel like my role is distinct role. It's not something that everyone else could do if they only had the time so I see a lot of potential for, you know, really having specialized skills, thereby being seen as a more valuable member of the team.
KATHY: Okay. Are you satisfied with your current work as an occupational therapist? If not, what sorts of changes would you like to see made in your work environment, in your practice, or with your clients, co-workers?

NIKI: I think I'm more more satisfied than I was when we started. Yeah, I think -- I think I am. I just -- I feel like there's a light at the end of the tunnel. There's, you know, a possibility there, whereas before I was just feeling like overwhelmed. I was sick of trying and forget it; and so, yeah, I think it's -- I'm fairly happy.

August 23, 1999 - Conversation with Carrie:

Major Themes

1. Joy of working with the special needs child and his/her family.

KATHY: Can you just share with me your overall experience working with a special-needs child.

CARRIE: Okay … I -- I am like a -- a kid person. Like, this is just my dream job because I just love -- I have never met a child I haven't liked. I'm waiting. It's -- it's true. I just can't believe it! Even the most -- probably the most difficult quote/unquote difficult child that people encounter, I just love them; so for me, the work is just fabulous.

CARRIE: So for me, I just -- I just love these kids, all of them. And, just working with them in any capacity is just -- it's a treat. I -- like, I always laugh. My husband can't believe I get paid because it's just a joy. Like, he's, I can't believe you get paid to do what you love. It's a treat. It doesn't happen for everyone, so for me, it's excellent. Also, getting involved in family, like being able to, sort of, integrate yourself into the family such that, you know, there's that level of trust and rapport with the parent. It just makes it such a, sort of, a nice job when you get to go visit, you know, not only a parent that you can enjoy being with but then a child in their home where they start to enjoy having you come, you know. They know that you're coming with your toy bag. I mean, that's just a treat to dig through that, and it's not that, sort of, pressured therapy kind of a situation. And then, the kids themselves to me is just -- is just joy to play with them. I love them. Like, I seriously -- I think I can't believe that this is my job because they just, I find them very joy,ous even the ones that probably some people would find frustrating because they -- some of them don't make a lot of progress, as you know; but I just enjoy being with them and noticing the very small gains that they make, if any. I just find it really very rewarding, very rewarding work; and that's even not having seen a lot of monstrous changes.

2. Poor educational preparation for working with the special needs child; experience more important than education.

KATHY: How would you say that you're education has prepared you to work with this population of children?

CARRIE: In all honesty, not at all; and I'm sure you've heard that before. But the one course that we did have -- probably in retrospect if I were to go back now and look at my notes, a lot of it would make more sense.

CARRIE: At the time, it -- it didn't make any sense to me probably because it was a lot of information and not very well organized. And no children were involved, so we didn't see any kids, so it was very abstract. Like, something as simple to me now as tone, high tone, I had no idea what that meant. You know, it was very abstract, and I sort of memorized it probably or whatever, but now it's so obvious to me. Oh, that's high. That's tone. You know, it's so obvious; but not to be able to see it on a child when you're learning about it just makes all the difference. I know in the past they did have a large component of actual hands-on sort of stuff at the Glenrose which I'm sure would have been really beneficial; but for us, it was all on paper. I mean, it was just -- yeah. It didn't prepare me. My experiences prepared me a lot more.

KATHY: Right. Right. And I can share with you. I still remember my first summer being out as an O.T. -- and exactly what you said -- I worked in adults in acute care, and the tone thing -- one day I was working with a woman who just had a stroke, and I went, Ah, [pause] that's tone! So I can relate to that really well. Really well.

CARRIE: Yeah. It's something that you need to, sort of, feel to understand.

KATHY: So -- so I'm -- understand what I'm hearing is that you don't feel that it really prepared you well for this particular job.

CARRIE: No.

3. Professional Development – barriers.

CARRIE: I mean, I think ideally I would have more time and more money to do more -- to do more education, you know.

KATHY: Um-hmm.

CARRIE: So because it's sort of a self-funded kind of a thing, that becomes a limiting factor. And time actually wouldn't -- isn't too much of a limiting factor because we do have a boss that's quite flexible and would be really supportive if we needed to go away and do any kind of -- I'm talking about courses like two, three, four days kind of thing. That's probably the only thing is if we have a little bit more funding for those types of things, I would be certainly interested in taking any and all courses that come to town related to our business. But, from where we are now, I feel – we all feel, I think, that we're going, sort of, the best that we can; but we still feel like there's a whole universe of knowledge that we don't have.

KATHY: Right. Right.

CARRIE: We're working on picking away at that.

4. Experienced therapists available as resources.

KATHY: So, with this background that you described to me, do you feel you have resources to help solve difficult problems with children or, if not, what sorts of resources or knowledge do you think would help so that you'd feel for confident in your practice?

CARRIE: Well, I feel -- I do feel like there are a lot of resources. So far, when we need some help, umm, because we're all -- we're all young -- like, the whole team is young, so it's not even like we can just -- we do feed off each other; but at times, we do need some, sort of, guidance from somebody who's got more experience. I've had really good experiences with, sort of, the whole community. I'm talking about you know speech language pathologists, working in feeding at the hospitals other O.T.s that are more senior that know a little bit more about feeding. You know, it's as simple as picking up the phone and calling them and saying, Look, I have this kid. Often, they know the child because they've seen them, too, and they can help us

5. Difficulties with the special needs child.

KATHY: Can you describe any difficulties that you commonly experience working with this population of children.

CARRIE: I think there's, different ones I think with the, long-term chronic kinds of children. Sometimes I think we all feel we're not, sort of, getting anywhere with them, not seeing a lot of progress. Sometimes it's because of the child's limitations, I think; and sometimes it's because of a lack of follow-through from the parent or the caregiver. I think that's a very common thing that we experience, you know, just, sort of, having suggestions and even feeling that the child would really do well, but not seeing that happening and suspecting that it's because whoever doesn't have a time to do those sorts of things. That's, sort of, really a common one.

KATHY: How do you feel about that?

CARRIE: I think that's -- that's disappointing. I think, for me, I haven't probably encountered a whole lot of kids where it's made a lot of -- it would really make a lot of difference; but there's the odd child where you really have that feeling that they really could do well; and yet – it may not even be a parent that's not willing but maybe a parent that just does not have the time or the energy. And I can certainly respect that, what that must be to take care of a child like that, but –

KATHY: Right. And does that impact your practice or how you work when you're come across a situation like that.

CARRIE: Probably it impacts, umm – it would impact our expectations for the child. You know, it would probably inadvertently impact your programming. Like, well, what's the point of suggesting that, you know? They're not going to do it. Trying to keep it really simple where it could really be more.

KATHY: Right.

CARRIE: You could really ask them to do a lot more. But really scaling it down to keep it achievable, which is a good thing to do, I guess; but, ... I think it does impact what you -- what you choose to suggest, you know, when you don't feel that they're going to do it.

6. Limited by time constraints.

KATHY: And as far as you also mentioned about, -- sometimes you don't have really, really frequent visits. Maybe your time might be constrained in so that you're, sort of, limited by what you can do. Do you find that frustrating at times, or can you elaborate on that time thing sort of thing that you talked about?

CARRIE: Well, I know that when I started I would see my kids every two weeks 'cause I only had .5 caseloads, so I had -- I had less, so I had time to do that. And I thought that was good. That was – every two weeks was nice. It was sort of a good frequency. Umm, it wasn't too long between visits where the child forgot who you were and got frightened when you walked through the door. Umm, now, of course, that I have a full time caseload, I'm finding -- and the referrals just keep coming in -- it's, you know, more like three weeks a month; and I feel -- I do feel -- not – frustrated would probably be the wrong word -- but limited. Almost, sort of, sad by the whole thing, that there's these kids, you know, I can see their files on my desk; and I think, God, I really need to see that child; but the problem is those are the ones that get left or those ones that aren't acute at that moment. You know, the ones that are, sort of, bumbling along which probably would benefit from being seen, umm, you don't have -- we don't see them. We see the ones that are being discharged, and that are more really, sort of, frantic things or sort of needing funding for this or needing that by next week. And those little developmentally delayed kids that are out there probably could use some more suggestions or have changed, and you don't have time to get out and see them. So we do find it -- I do find it frustrating, but there's -- you know, the way the staffing is there's just no way. On the other hand, I should say I also like the pace of having lots of new referrals, umm, getting new kids all the time and getting to see new things, you know, as opposed to, sort of, maybe the 20 on the caseload that you keep forever and just keep seeing them over and over again. So probably if it was that way, I wouldn't like that either. So it's -- yeah. The timing thing, I guess it's never perfect but –

CARRIE: Yeah. That's -- that's frustrating. You feel like you wish you had the flexibility or ability to actually be there -- to do it ---- frequently -- which we don't.

7. Lack of confidence as an O.T. and age as a barrier.

KATHY: So how is your working with the special-needs child make a difference in your practice as an occupational therapist?

CARRIE: Right. Well, I didn't have a lot of time to practice before I started working with the kids. Certainly, I've had to do a lot more research probably than I had to do in adults. Working in adults, we did see a lot of the same things, sort of, over and over again; for example, a lot of people with hip replacements or knee replacements or something like that; but we had a pretty -- like a recipe almost for what needed to be done for those people, you know; and they didn't need a -- they didn't want or need a whole bunch of intervention anyway. They wanted, sort of, whatever they needed, get in and get out kind of thing; so it became pretty routine. You know, the odd time we would get something unusual but most of the time, you know, I felt confident that I knew what I was doing. Umm, with kids, not at all. Umm, because again, we see so many strange things that nobody's ever seen before certainly I've never seen or heard of before.
[… I know a lot of parents really like feeling that they're involved that way, that it's not therapy that somebody has to come in and do, that they can do it, that can make a difference. I think it's a great idea, umm; however, for me, it's hard because sometimes I don't feel that confidence in what I'm teaching so --
KATHY: Right
CARRIE: And you have that fear that they're going to ask you -- they're going to ask me a question that I DO not know the answer to, which happens. And you just wish you had that, sort of, really high level of confidence; so that, sort of, whatever they threw at you, you'd be able to have the answer and make them feel that, you know, you are providing the right information because I know -- I mean, I get it all the time. Oh, my god. You're so young. Yeah, and -- totally. I mean, they are -- they're wondering how long have you been doing this. Most people don't ask, but they want to know – how long have you been doing this. And I mean, as a couple visits go by, that sort of fades away; but the first impression is also one of, Oh, my god. Is she old enough to be -- does she know enough about this? And I would -- I would love it if I, sort of, had that real confidence that, no matter what, I would be able to, sort of, fire it off.

8. Collegial Support; security and knowledge.
KATHY: So can you describe for me any advantages or disadvantages working with a multidisciplinary team with this particular type of kids?
CARRIE: Oh, certainly. Well, mostly, I think our collaboration tends to be with other rehab staff. I mean, it's lovely to have the nurses on hand especially for questions related to nursing that we can't answer, just to have that right at your fingertips -- like, you know, if I'm visiting a child and the mom asks me, … the parents, you know, they don't -- they don't really know. Like, they're going to ask me a question about the G tube because it's leaking or something. Well, I don't know the answer, but I know that I can just make a quick call, and the nurse can call, or the nurse can come and visit, and it's so smooth. It's just seamless. You know, you don't need to -- it's not a big deal to get a nursing, sort of, consult.

And then, with the physios, that's where I really find I get a lot of help. We do a lot of joint visits. I get to watch them do their, sort of, handling and positioning. I learn from that because they're more experienced than I am; so I get to watch them, sort of, how they're handling a child; and I pick up little tricks and clues about what I'm going to do the next time I handle a child. And you know, we do -- we do really brainstorm with each other about, Umm, this is the situation; this is the child. You know, What you suggest for a transfer? I mean some of those things aren't really discipline specific. You know, it could be they that go or myself that goes and does the transfer training. So we can talk about that, sort of, thing and what they think would be best and -- yeah. No, I think that's probably part of the reason why the job is so enjoyable is having those resources and a really, really good supportive team, too, that are willing to spend to time to talk and a team that, you know, that recognizes that they're also, sort of, learning, especially the rehab staff, you know; everybody's sort of on the same page and nobody's too busy or whatever to teach or to talk. Yeah.

KATHY: Do you find that there are any disadvantages working with a multidisplinary team?

CARRIE: Not for me at this point. To be on my own, I would be pretty frightened; so to have them all there, no. I don't see any disadvantage.

KATHY: So it really sort of enhances your work; and maybe as not having the years behind you, it actually helps you to grow more.

CARRIE: Oh, certainly. It gives you that -- that feeling of security. Even to have the physiotherapist present at a home visit -- not even doing anything while I'm doing my thing -- is great because sometimes they'll pipe in and say, Oh, yeah-- and give me a suggestion which I really appreciate or vice versa and -- no. Yeah. I don't see any disadvantages, not at this point.

9. Gap in knowledge – gap in experience.

KATHY: Can you see in the next year any sort of personal professional changes that you'd like to see or --

CARRIE: Well, certainly just continuing to -- this whole knowledge thing, you know. I need -- I need to know a lot more. Umm, it's amazing how little you can know, and you can work and seem to get away with it. But, yeah. I just need to feel a lot more solid, and I think -- I do think another year under my belt will really -- will help that situation even just -- if it's not even learning through a course or books or anything; but the more kids I see, the more things become, sort of, clear to me; so I'm hoping within a year that will be.

KATHY: So do you feel like you have a -- quite a gap in knowledge? You seem fairly at ease and happy with what you're doing. Do you have some frustrations with your gap in knowledge that --

CARRIE: Oh, yeah. That's the biggest. It's -- it's huge. It's a great divide really.

KATHY: Um-hmm.

CARRIE: It's fortunate that we're able to work and seemingly satisfy our clients and our parents despite that -- But I just feel like that could be so much more that we could do if we knew what we were talking about.

KATHY: Right. Right.

CARRIE: Umm, we know -- I know the very tip. You know, I feel like I'm -- but if I need -- if I want to go deeper, that's where it starts to get lost. And really, there's no time anyway.

KATHY: Um-hmm.

CARRIE: Like, even if I had -- I have the desire, but there's no time to really delve and in research this certain child's condition or this certain type of therapy or --
KATHY: Right.
CARRIE: It's not there, so --
KATHY: Right.
CARRIE: Yeah. So, yeah. It is a frustration for all of us because we're all new, and we all feel that gap, you know; and I think, as in any job, you would feel like you were doing better if you could offer more –

10. View of life has changed.
KATHY: Can you tell me, in working with a special-needs child, has your life been changed at all?
CARRIE: It's changed my life probably in a lot of ways. It's changed my -- the way I think about my career in a -- probably at one time, I thought I would be an O.T. for a while, you know; and then, I would maybe do something else. At least -- at least now I know that whatever I want to do it's going to be with these kinds of kids. So it's either as an O.T. or I've, you know, I've fantasized about speech, something but -- so it's certainly, sort of, solidified that for me, like, where I'm going with this career. I think I knew, but this is really made it really solid. So that's for sure. Umm, it's changed my -- it's changed my perspective on children. Like it's changed my whole frame of reference that I forget children aren't born with a G tube. Your child eats? That's amazing. It's like you just you forget that any child is normal and most are. It's just --
KATHY: Right.
CARRIE: And I -- I think that's a good thing. I think some people would think that was bad. In some ways, it can be bad because you think about having your own children. You -- I mean, the worry that you must -- that I know I will have, the anxiety about, Will this child be normal? But for me, it's the opposite because I feel like I've seen so many families that have had the most disabled child, it doesn't matter. It doesn't matter. It's their kid; they love it; and they figure it out, you know. And I often say that to my husband when we talk -- everybody says, Oh, I don't care if it's a boy or a girl; I just want it to be healthy, you know. And he would say the same thing.
KATHY: Um-hmm.

CARRIE: I say, You know what? It might not be, and it doesn't matter.

11. Technological advances and occupational therapy.
KATHY: And would you like to see any changes in your work environment or in your practice in your relationships with your clients or your coworkers?

CARRIE: Well, in terms of relationships and everything, that's all excellent. Like with co-workers that couldn't be better. The environment is fine. Actually, that's part of the whole beauty of the job, I think, is that we get to go out and do home visits; and for me, it suits my personality to get out and not to be, sort of, behind a desk or even in a hospital, you know, sort of, confined. I like to get out and do that like.

Umm, like, one little thing that I think would work -- and actually, there's been some talk with this. Maybe a plan in the future would be to, sort of -- a little bit more technologically advanced in terms of the way that we actually do our work in terms of our charting and our programming and things like that. Umm, you know, they're talking about an integrated, sort of, computer system with the hospitals where if I need weight bearing orders or something on a kid, it's matter of, you know, clicking on the U of A and clicking on orthopedics and clicking on the child and finding it out without -- the way we're doing things now, we're calling and leaving messages and all that, I mean, which is still, I guess, more technologically advanced than it used to be; but still, you know, I find that we're quite -- we're sort of in the dark ages with our charting on paper and, you know, they've talked about the electronic chart, the chart on the computer, where you have your laptop, and you do your charting in your car or whatever on the way to your next visit.

KATHY: Right.

CARRIE: Like that to me would be -- and I mean, that probably will happen.

KATHY: Um-hmm. Um-hmm.

CARRIE: But, umm, to me, that would be a lot more efficient that, kind of, what we do now.

KATHY: Right.

CARRIE: Probably could get more visits and things like that in.

KATHY: Right. Right.

CARRIE: But other than that, no. It works. It works well the way, the system, we've got.

November 5, 1999 – Exit Interview with Carrie

Major Themes

1. Action research – opportunity for (forced) learning

KATHY: So, can you please describe for me your experience of carrying out an action research project.

CARRIE: Okay. The experience in terms of just practical -- how it was practically, it was -- the way I look at it now is that it was a way for me to do some learning, sort of a forced learning -- that's a bad word -- but learning that I wanted to do but that I never would have done otherwise due to just finding other things that I'd rather be doing. So because of the structure of the project and us meeting weekly and things like that, there was sort of some deadlines and things like that which forced me to actually get some things done, which I really appreciate that I -- that I was able to do that. So that was good.

CARRIE:…I just -- I did appreciate the opportunity. It was -- just to -- just to actually, like I said, to do some learning, just to get off my ass and do it. Really 'cause otherwise I would be no further ahead today than I was -- you know. So that's very helpful, and it's not like, like I said, it's not a whole mountain that I learned; it's just even that little bit is, like, just good.

2. Stressful & difficult getting started

CARRIE: I think it was maybe slightly stressful because of just not -- myself not feeling very well and trying to do sort of as little as possible over the past 12 weeks. So I guess the timing for myself wasn't perfect. I would have had more energy if it had been another time, but --

CARRIE:…I mean, I felt bad about that because I didn't feel like I was really giving it as much attention as I normally would have liked to because I was sort of doing things at the last minute and doing things quickly and things like that, but that's just the way it worked, so that was okay. From a work perspective, there wasn't a whole lot that I did at work but -- other than do a visit during work time which was -- I felt okay because I think it still benefited the child regardless, so I felt justified in doing that. But other than that, that wasn't a whole lot done, sort of, on work time; so that again was part of the whole forced learning thing because I strongly believe that learning has to happen outside of work time anyway and just to make that a priority; and it felt good when I was doing it. It's just getting the -- getting up off the couch and actually doing it, that was the hard part.

KATHY: Anything else that you can share?

CARRIE: I think probably the primary difficulty was just getting started because the -- the topic that I chose was quite broad, and that's the whole reason why I wanted to do it because it feels like such an overwhelming amount of information to try to learn. So trying to narrow that and actually learn something, I think, was the sort of the scariest part of all of it. And I mean, what I learned was just a small amount; but at least I feel like, you know, I've started and I've sort of done something, whereas before it was just this huge unknown; and I didn't -- I didn't have the courage to sort of tackle it; so now that I've started it I think that'll be much easier. But that was probably the scariest, was just starting the reading and starting to challenge myself during assessments to look for certain things and just -- that was probably the most difficult part. That's -- that'll continue.

3. Learning, interest & understanding biggest benefits
KATHY: How about any benefits that you experienced over the last two months?
CARRIE: Well, just the learning is the biggest one, just things that I knew I wanted to know but never could find the time to learn, and sort of the interest that has come out of it in terms of further exploring the same topic or other topics, learning from the other girls and just -- just getting -- getting the process started, I think, is really the biggest benefit. Like, I feel like we're all sort of -- we have some momentum, and we might be able to keep it going, probably not on such a structured -- in such a definitive amount of time, but still like for myself, I -- you know, there's goals that have come out of it, and certainly I'm going to try to reach those goals.

CARRIE: Well, again with regards to the fine motor stuff, I -- I think sort of the biggest thing that I came away from my learning was that -- to sort of look at the whole -- the whole body, I guess, as opposed to -- before I'd be very focussed on the grasp and trying to figure that out but not really looking at the positioning or their posture or, you know, their whole body positioning.
And the learning that I had done, I mean, that was so emphasized, sort of, over and over and over again; and it's not something I haven't heard before; it's just I never really put it together that when they're that little, like the little ones that we almost always see, it's all so closely related that if their gross motor skills are so delayed or they're not developing, then it's no wonder that this isn't happening and that we -- I really see the benefit in the working together of the, sort of, two disciplines which we do; but I can see how it ties a lot more. So I think that certainly has changed my approach, especially with -- well, with the other disciplines, with wanting to do joint visits, with

4. Practice goals as a result of action research project
KATHY: Would you like to share some of those goals? And you don't have to if you don't want to.
CARRIE: Well, just to continue with the topic that I chose, you know, and within that topic, you know, challenging myself to do some things a little bit differently in my practice, like using the formal assessment. That's something that I was avoiding doing all this time just 'cause I didn't have the courage to do it, so now I'm going to be doing that, and we've changed -- sort of all of us have decided that using the video is really helpful, and we're going to sort of start doing that more and just some things like that.

5.Benefits of action research: changes in her practice & courage to try new things practice KATHY: Can you tell me what this experience of being involved in an action research project over the last two months might mean for your practice?
CARRIE: Well, I think it's -- it's going to be positive. Even if it ended today and I never did anything else, the benefits from what I just learned the past 12 weeks or whatever it's

been really -- it's helpful. It's -- it's not that I know a whole bunch more. It's just that I feel like looking at things a little bit differently and that I think that will benefit my practice, my clients, and my assessments; so even if this was it, I think that would be very useful. But again, I don't think that is it, so it's just going to continue to benefit the clients and -- and again, the learning from the other two, like, I'm just thinking of my own; but then, I did learn lots from them as well; so that'll impact my clients as well.
KATHY: For sure. For sure.
CARRIE: Yeah, I think it's been really beneficial even if it's just a little bit of knowledge. Like, if I'd taken a test before and a test after, I'm sure it wouldn't be that much different. It's just, again, the way I'm looking at things and the way I'm approaching things that's changed for the better.
KATHY: Maybe realizing the potential for yourself or your practice? Something like that?
CARRIE: Right, and I think the confidence -- like, not confidence, but sort of the courage to try new things is what's really come out of it.
CARRIE: And the other thing is the programming. Like, I think my approach to programming has certainly changed a little bit in terms of numbers of suggestions. I notice the program that I gave most recently to one of my fine motor kids was much more compact, just a couple of suggestions on very specific things --
KATHY: Right.
CARRIE: -- as opposed to a whole list of ideas, working on a whole list of different things.
KATHY: Right.
CARRIE: So more like, okay, well, right now let's work on this one thing, and these are some ideas and this other one thing, and these are some ideas, and that's it. Even though in my head I know there's about ten other things that we could be doing.
KATHY: Right.
CARRIE: But just chose those sort of randomly and just let mom -- and I think it worked 'cause mom was more attentive, I think, to the program because it wasn't so overwhelming.
KATHY: Right. So it seems more -- like even for you, not just for mom, but -- more achievable --
CARRIE: I think --
KATHY: -- and less overwhelming maybe?
CARRIE: Yeah. I think sometimes when they're long like that they just don't even -- they might look at it, but they just think I can't do it, and they just forget about it, whereas this was very specific and not really going into a lot of detail about what it was. Just like a line saying you know her muscles are showing some weakness, and let's play with these toys to help strengthen them. Like, that's it.
KATHY: Great.
CARRIE: Like, no discussion about it about it.
KATHY: Right.
CARRIE: And to mom, that was much more practical, like, just a list of toys and activities; and she was like, Okay, now, I can do that. Yeah. So that's helpful even though it's hard because I still want to give that 82 page report. I have to really hold myself back.

KATHY: We have this illusion that somehow it looks good.

6. Increased confidence around parents

KATHY: Great. And how about your confidence level, has that changed?
CARRIE: Well, certainly in this one area, it's -- it's improved, maybe slightly; but then I can see the potential for it to improve even more.
KATHY: So can you sort identify an incident in your practice where you might be seeing a client or a child, whatever, sort of before this project; and now you're seeing the child after, can you see how you might approach your treatment with this child differently; or personally is there a difference?
CARRIE: There is, especially with the fine motor stuff, and I think I was sharing this with you before that I did another visit with that same child that was involved in the project, with a joint visit with the physio, and something so simple as a physio suggestion that in the past would have sort of meant nothing or I wouldn't have really seen the significance of it really sort of clicked this time. It was a -- a weight bearing activity through her arms, through her forearms; and first of all, I clued in, which is -- which was an improvement. That was good. Instead of just letting the physio doing her thing and not really paying attention, I just really saw that what she was doing; and second of all, I felt sort of confident in saying to mom that -- that, you know, what she's doing there is really for her shoulder stability and that's important for fine motor, so it's all related, and it's a great activity. And in the past, I probably wouldn't have -- maybe not have clued in and definitely not have said something like that.
KATHY: Right. Right.
CARRIE: So just to have that confidence to -- well, first of all, to see it, to understand that yes, that is important and, number two, to have the confidence to say to mom -- so that was definitely an improvement.

KATHY: So can you tell me, is your experience working with the special-needs child different as a result of your involvement in an action research project and in what way?
CARRIE: Well, probably not so much with the child because I always felt pretty comfortable working with the child. It was more with the parent that I think this has benefitted me because of having maybe some very much more concrete, sort of, suggestions that parents appreciate, like we were just saying, and more defined goals and having more confidence in explaining kind of the concepts and what I'm looking for and what kind of an end result would hopefully be and things like that.
KATHY: Great.
CARRIE: So I think with the parent certainly it has changed, even if it's only a change in my own head in terms of how I'm approaching them or how I'm feeling about it; but I still think it's beneficial. I suppose in the end it would benefit the child, too, if I can empower parent to actually do a couple of the programming suggestions; then it certainly wouldn't hurt the child; whereas in the past perhaps even though I put the program into place, it might not be being done; so then the child is not benefitting from those suggestions as much.

7. Realizes importance of working with others

KATHY: So it sounds like what you're saying is your observation skills have improved and your analysis skills have improved and your confidence reporting to the parents and with others.

CARRIE: Yeah, especially in presence of other disciplines.

CARRIE: -- I really see the benefit in the working together of the, sort of, two disciplines which we do; but I can see how it ties a lot more. So I think that certainly has changed my approach, especially with -- well, with the other disciplines, with wanting to do joint visits, with sort of emphasizing to parents how these things are all wrapped up together at this age, and it's not like a fine motor and a gross motor program. It's just sort of an overall developmental program, and so that I think I figured.

8. Appreciates support of OT colleagues (values group work & OT support)

KATHY: So in what way if any -- and you mentioned this, so I'm curious -- has your relationship with your O.T. colleagues changed, if at all?

CARRIE: Well, certainly a benefit from all the learning that -- the information that they shared from their own projects, so that was good. I think we -- we did do a little bit more collaboration in terms of questioning each other about clients and what do you think and what what do you see. We always did do that, but I think a little bit more now and maybe a little bit more sort of -- honesty is the wrong word -- but just feeling comfortable to really say, sort of, what you think you see, even though you're not very confident with that answer and -- whereas in the past, maybe we would have just kind of glazed over it and agreed with what they were saying and things like that. So now a little bit more discussion.

KATHY: So do you -- so am I hearing that you feel safer?

CARRIE: Yeah, maybe that's it.

CARRIE: Yeah. Yeah. That would be the right word. Yeah, just a little more comfortable being honest about what you think you're seeing or what you don't really understand or whatever. And I think we all always sort of -- because we're all sort of in the same boat, we already had that feeling to begin with but now a lit bit more solid that way.

CARRIE: Oh, I know what I was going to say before. I just -- I find that for me learning doesn't come from a -- from the books or -- it never has. For me, I remember what people say. You know what I mean? Like, I remember just maybe a small piece of what somebody said, and when we share like that, when we the three of us or the four of us sit around and share, that's what I'll remember is like a little piece of information that Heidi shared that Joanne told her. That's what sticks in my head, so that's where, kind of, the benefit for the learning is -- is for me. So if we can all kind of do that, that's what's -- what works best.

KATHY: What I heard is that you do find like a group, sort of, working, there's an advantage to that?

CARRIE: Yeah, just like for efficiency's sake.

KATHY: And because you can hear things, and you don't have to, sort of, on your own figure it out.

CARRIE: Right.
KATHY: Someone might bring up something. But that's the one thing I notice when you guys would talk about -- sort of how closely you were at the same place, and I got impression that that kind of helped support you. I'm not sure.
CARRIE: No, I think it does because we didn't have that feeling that one of us -- you had that comfort level of knowing that it's not like they know, and I don't know. It's like none of us know or whatever. It's something that's new to all of us, which was good. I think very -- probably very beneficial. Yeah.

9. Decreased resources
KATHY: Do you feel you have the resources to help solve difficult and challenging problems with the children you work with? If not, what sorts of resources and or knowledge would help you to feel more confident in your practice?
CARRIE: Well, resources like in terms of -- I mean there's lots of information. It's just a matter of accessing it and taking the time to actually do that, so I don't feel like there's limited resources out there. I mean, I know they're there; it's just finding the time to get them. I think, in terms of time would be our limit -- most limiting resource, time at work just basically trying to get our work done, let alone doing any learning.
CARRIE: And you know, certainly we're not supported in terms of getting any education, not from a theoretical point of view but just from a financial perspective. There's no support for us to go out and take courses and things like that. I mean, we're lucky because we have the support for the time, which a lot of the people that work here don't get. They don't even get the day off or whatever to go. We can always get that; but we can't get the money, the funding, to go and take some of these courses; whereas, you know, staff at other in other areas of Capital Health do get paid for courses and things like that any time. So that I find quite limiting 'cause I see nice courses that I'd be interested in taking but just can't swing it financially so that I find to be quite limiting, but no. I feel like the information is out there; it's just a matter of getting to it. But you did it for us, Kathy. You got the information for us.?

10. Initiative for pursuing professional development
CARRIE: But I think -- I think from this I've learned that there's small things that I could do that aren't so overwhelming that can benefit me because this wasn't a whole lot of time on my part in terms of what I actually had to do, to do some learning, and it wasn't a lot of time, and it was quite helpful. So I guess that's something that I've learned is that, you know, it's just a small step, and I can maybe make some gains that way. But yeah, I always -- I always felt it was important. Like, I always had that thirst. Like, I don't know as much as I really want to know.
KATHY: Right. Right.
CARRIE: So I always kind of want to keep going that way but just taking the initiative to do is what this has sort of shown me. You can do it, and it's not a big, big huge deal and --

11. Ongoing professional development
KATHY: Right. And you guys had said that you're going to meet together as a group inside of

work --

CARRIE: Right.

KATHY: -- and so that's different.

CARRIE: Right. I mean, we had fantasized about doing that in the past, but we had never actually put it into place. And I think we're going to -- it's not going to be a formal sort of research type of a thing, but it's going to be like just an information sharing. From what I understand, each of us is going to bring an article or something and discuss it and little bits of learning here and there, so that's sort of the plan, so we'll see how that goes but --

KATHY: That's so great.

CARRIE: But we have fantasized about that in the past, like having sort of a journal club or whatever you call it where you just bring an article and you've read it and you discuss it and how come it's interesting. And it's not a lot of effort to bring one article every month or something like that, but it's just, you know -- the plan is to schedule it once a month from now to the next six months or something, and then it's in our books, and then we might actually do it.

KATHY: Right. Right. And that's something on work time as opposed to -- what I heard you say was you believe in outside --

CARRIE: Yeah, I do.

KATHY: -- doing a lot of work as well. Now you can do sort of both ways --

CARRIE: Right.

KATHY: -- which I think is sometimes -- we feel that we shouldn't on work time but --

CARRIE: Right.

KATHY: -- I'm a great believer that we should, and we should be charging people for it, you know.

CARRIE: Certainly. It's only beneficial to the practice as a whole.

12. Satisfied as an OT

KATHY: Okay. So are you satisfied with your current work as an occupational therapist? If not, what sorts of changes would you like to see see made in your work environment, your practice, or with your clients or co-workers?

CARRIE: No, I'm satisfied. I mean, I can see that there's things I'd like to do better. I'd like to do more of. I know all of that, but I feel -- yeah. I feel satisfied. I feel like I do the best, sort of, that I -- that I can, and I'm comfortable, sort of, with that. Even knowing that there's a lot of room for improvement in terms of knowledge and experience and all of that. But sort of where I'm at in terms of where I came from: i.e., being prepared or lack thereof in university, like having no knowledge at all of pediatrics and learning it all on the job in the past six months or whatever -- God, maybe it's more than that, but anyway -- like a year, but anyway -- that I feel like I'm doing the best I can with that -- with that knowledge and lack of preparation. And I feel like most of the time my clients are satisfied, even know they don't know that they could be getting a lot more. They don't know that, and that's good for me, so --

KATHY: And we don't know that either.

CARRIE: And yeah, but whatever. I just I feel like mostly they're happy, and I just sort of do the best I can, and I hope that in time it will become easier. I know it will. So I feel pretty good.

August 25, 1999 – Conversation with Heidi

Major Themes

1. Rewarding and motivating work.

HEIDI: I find it incredibly rewarding to work with these children and their families. …I find that one thing with O.T. is that -- I find that in some ways I can really make a difference in the lives of these children and families, and so despite the fact that some days it's really sad to be coping with these problems and whatnot -- but I also find it really rewarding, and it helps me appreciate my own health and my own life and where I'm at so I think that's really a neat thing to be able to sort of put things into perspective for you.

KATHY: How would you say that working with special-needs children has made a difference in your occupational therapy practice? As opposed to working with adults or -- or could you say it's made a difference in your practice?

HEIDI: I think that working in Peds [pediatrics], children are way more motivated. They're a lot more fun to be around. They have a lot more energy. Umm they're very resourceful. They're curious. They're all things that, umm, working in long-term care with a lot of older adults I find was not there, so I think I have -- I have tons more energy to devote to them; and I want to spend the time with them and work with them; whereas working in adults, I just didn't find I was as motivated; and I just didn't really enjoy it as much, didn't get much sort of joy out of doing it; but now I do.

2. Overwhelming and emotionally draining to deal with special needs children and their families.

HEIDI: …it's a very huge eye-opener in terms of the kinds of things that are out there, the kinds of diagnoses that you see, the kinds of problems you see. It can be sometimes really overwhelming to see what families are coping with and to see what, umm, what children are coping with…

HEIDI: Emotionally, it can be really draining to work with them. I mean, you have families that are -- are grieving; and you really can't help but be, sort of, a part of that and be, sort of, a part of that sadness because in some cases, it is really sad.

3. Dealing with death .

HEIDI: And you deal with death, and that's something that I've struggled with 'cause I've never really had to deal with death and dealing with children that are really ill and are sort of in a palliative state. I've -- my personal experience has been that I've really never had to cope with death on a real personal level, so this has been sometimes very difficult to deal with.

KATHY: And, can you tell me, with these -- these particular experiences you're talking about: the death issue, do you feel that you always have the resources to manage that or --

HEIDI: No, I don't. I really don't. Sometimes I think that there's not -- there's an expectation that you will maintain, sort of, a professional relationship with families and a professional distance. And sometimes I have trouble, sort of, navigating where exactly that is and where -- how far I should go with the family and how much I can grieve and how, sort of, much you can show emotionally; and I think that everyone deals with it differently. So to look towards the team for support is a difficult thing because not everyone is experiencing that same emotion that you might be experiencing, and it's kind of hard to reach out because it shows that as a professional you're vulnerable, so that's -- that's kind of difficult; and not having ever dealt with it personally has been really hard.

KATHY: Right. Right. Are there -- do you wish -- or are there other -- would you wish that there were other resources available to you so that you could better deal with this? Or is there an ideal situation maybe that you don't have?

HEIDI: I don't know. I don't know if -- if the resources I need are just, sort of, more personal experience with it or whether or not it's just -- it's recognizing what, sort of -- the process and being able to maybe read about it and spend some time reading about the different stages that you may go through or, you know, just to be able to identify within myself when I'm feeling stress and when, you know, what I -- what I can do about that. I think sometimes I just -- yeah, if I had more time, maybe I could do some more, sort of, internal reflection about it how I'm really feeling and, sort of, what I'm going through at that moment with respect to someone dying. I just don't feel like I have the time, and often it just gets kind of pushed aside, and I just sort of move on to task number two kind of thing.

KATHY: Right.

HEIDI: But I don't really fully get that closure.

4. Shortage of time to work with and learn about special needs children.

KATHY: Is that an issue for you? Time?

HEIDI: It's a huge issue. I can't even begin to express what an issue it is, and it's a frustration, for sure, just not being able to have enough time to do the extra things that I would like to do in my job and, you know, to be able to feel like -- feel supported in taking the time to do what I -- what I feel I need to do in terms of whether it be coping with, you know, stresses at work or coping with death or, you know, just professional issues, you know, exploring other treatment options or doing that kind of thing. I think that's probably the number one frustration –

KATHY: Right. Right. Okay. Do you feel that you have the resources to help solve difficult and challenging problems with the kids that you work with?

HEIDI: …but I mean, again, it's all about time. We just don't have the time. When you have, you know, 36, 38 kids on your caseload that you're seeing on a regular basis, it's just really hard to, umm, find the time to do it. So that's kind of frustrating, although I do try and, you know, do extra reading here and there. I don't know if it's the most updated and most current literature. So that's, you know, something I wish I had greater access to, I think.

KATHY: And do you feel that if your caseload was lower that you would --
HEIDI: Yes, I do. I absolutely do because I don't feel that with the resources I have and the time that I have that I'm serving each client 100 percent. I can tell you that I probably serve them at 60 percent.
HEIDI: And I just have accepted that.
KATHY: And is that changing? Is that feeling getting worse?
HEIDI: Yes.
KATHY: It is. Okay. So it's getting even worse which makes much more -- much more difficult.
HEIDI: Yeah. I'm up to an all-time high with how many cases I've got on my caseload.
KATHY: That is high. And your other colleagues are sort of in the same boat.
HEIDI: Absolutely.
HEIDI: And the hellish workload is, umm, being equitably distributed.

5. Dissatisfied with occupational therapy education related to pediatrics.

KATHY: Can you, say how your education as an occupational therapist prepared you to work with a special-needs child?
HEIDI: Can I laugh as I say that?
KATHY: You bet you can.
HEIDI: You know what? Really and truly, I -- O.T. might have prepared me in terms of a framework. It might have, sort of, given me an idea. And then, going out and working with the population is what teaches you the most. Really and truly, I believe that you, sort of, come out of university with a very, sort of, academic set of skills; and then, when put in a situation, you really need to develop hands-on skills very quickly.
KATHY: Yeah.
HEIDI: So I think there was very limited curriculum devoted to pediatrics. The course was crappy. I was -- I came out of there wondering whether or not I wanted to work in Peds after, sort of, experiencing the academic side of it; but then working with -- working with kids, it's just been confirmed that I absolutely love it; and my academic career was in no way reflection of what it would be really like when I got out there working with them. So yeah, I would say it was a poor preparation.
KATHY: Right. And so, that's very frustrating.
HEIDI: Extremely.
KATHY: Disappointing.
HEIDI: Yup. Disappointing. Frustrating. I feel that it sort of -- it puts me at a disadvantage for some reason that, you know, I -- I don't know if the courses were better or that other therapists have been working with kids longer and have that experience. I just really feel like I have so much catching up to do and don't have time to do it, so that's sort of a cycle of frustration, I think.

6. Mentor and support for professional development important for growth in profession.

HEIDI: I also find that not having a mentor or someone whose been in the profession for a longer period of time, umm, sort of, having their skills and their expertises [sic] is frustrating as well. So, I mean, my colleagues are great; and they're really supportive; and we really try hard to, you know, support each other in making decisions and making suggestions; but that, sort of, lack of experience is probably something that I would wish was on the team.

HEIDI: I mean, another frustration is not having, umm -- or not being supported in the seeking professional development and further education. I mean, it's very expensive to go to these courses; and, you know, quite frankly, I'm not going to devote all of my disposable income to doing that.
KATHY: Right. Um-hmm.
HEIDI: So that's frustrating in itself, and I know that in other places and in other facilities, people are very supportive in seeking that learning and identifying that learning and seeking it, and we're just not.

7. Vulnerabilty about knowledge; wanting safe access to information.

KATHY: So, you mentioned, sort of, being more up-to-date with the current practices -- having a mentor. Are there other things that you can think of that -- that if you could access, would make your practice easier?
HEIDI: If I had greater access to the Internet, I think that would be helpful. Umm, if I had like even -- even a support group, like, of some therapists that are working in a specific area, I think it would be really nice to share ideas in a very non-threatening environment because I -- I don't know whether it's just me or if it's just -- no. It's probably just me. I just hate the feeling of feeling vulnerable and having to turn to a colleague outside of I feel very comfortable going to my colleagues; but when I have to go outside of that, I feel very vulnerable having to ask for help, considering that people out in the community may not have the greatest impression of home care or what home care does. And having to refer to them for problems that I'm having on my own caseload, I feel, umm -- yeah -- just vulnerable about doing that and kind of reluctant to do it, so I do it in only extreme cases.
KATHY: Right. Right.
HEIDI: I think maybe it's a pride thing, too.
KATHY: Could be. Could be. So, do you have some current concerns about, umm, sort of, how you're viewed? Like how you say home care out in the field kind of thing, is that a limiting factor that prevents you from -- getting what you need?
HEIDI: If I'm to be totally honest, yes. I think, you know, having -- wanting to just save face and feel like I'm in control of -- of my job and what I'm doing with families and with kids, I think that definitely, I have concerns about how it -- how home care is viewed and how I'm viewed and how the O.T.s are viewed.
KATHY: Right. And maybe not knowing some of the resources, the people out there -- and whether, like you say, whether they're safe or not.
HEIDI: Right. Exactly.
KATHY: That's difficult.
HEIDI: Whether or not I'd be judged professionally by going to them or -- whatever.
HEIDI: I worry about that.
HEIDI: I wish I had, you know, safe access to information; and, umm, you know, information-seeking from others.
KATHY: Can you elaborate on that a bit? Safe access to?

HEIDI: Just being -- just that whole feeling, as I was saying before, of being vulnerable and not wanting to reach out and not wanting to -- sort of, compromise myself professionally, umm, to get the information I need. So that's what -- kind of what I mean when I say safe access -- to information. Just being able to ask someone I know and trust and being able to say, look, I don't know what the frig I'm doing, so can you help me out here? You know.

8. The advantages of team work.

KATHY: Can you talk to me a little bit about any advantages or disadvantages you feel are working with the multidisciplinary team?

HEIDI: I think the opportunity for learning is great. I've learned so much about other disciplines and what they do, and I've seen how working with in a team can just be so beneficial for the clients and families. Especially working with nursing because a lot of the kids have medical needs that I've never heard about and need to be aware of in my treatment so just having them as a resource to, sort of, explain, umm, different diagnoses, disease processes, and whatnots. And I think there's a lot of experience, from just -- especially from the nurses. I think their experience helps us to cope and to -- you know, it's provides a greater learning opportunity. I think that's -- it's probably the best way for families to get care because everything's being addressed at once; and, you know, we can work very closely together and work -- you know, do joint visits which I think is a real bonus. So, that's probably the advantage.

… I don't -- I don't really -- I don't really see any disadvantages to working in a team like that. I really think it's the most optimal way to treat people in general, not just children…

9. "Hands-on" experience.

HEIDI: But then, I also find that I need I'd probably need some more hands-on, sort of, learning, too, where I can learn in a safe environment and, you know, not be judged by a parent because I'm, you know, going out to treat their child; and yet I have consult someone else because I'm having difficulty figuring out what the problem is and what programming would be appropriate. So, just reading a textbook, I find, is not very helpful; and so it's when you, kind of, apply it and see it work and see it being used is I think when I would probably benefit most from it.

10. Problems with feeding.

KATHY: Can you describe for me any difficulties that you commonly experience working with special-needs children, maybe some common feelings that come up in your practice? You mentioned you work with feeding, fine motor equipment. Any of those that are particularly problematic?

HEIDI: Um-hmm. Feeding.

KATHY: Okay.

HEIDI: Feeding is a huge issue. I think it's a big issue because I'm -- I don't have my own children, and so knowing what's normal and what's not is difficult. Not being -- I mean, not having a lot of younger relatives or, you know, spending lots of time with other people's kids, is definitely something that I think I would benefit from, and I just --

in general, I just feel that it is probably the weakest link in terms of my professional skills.

I just don't feel that I have the time to devote to all the learning; and I think I would need to start, like, at the beginning and sort of work my way up. But then, I also find that I need I'd probably need some more hands-on, sort of, learning, too, where I can learn in a safe environment and, you know, not be judged by a parent because I'm, you know, going out to treat their child; and yet I have consult someone else because I'm having difficulty figuring out what the problem is and what programming would be appropriate. Umm, so just reading a textbook, I find, is not very helpful; and so it's when you, kind of, apply it and see it work and see it being used is I think when I would probably benefit most from it. But yeah, just feeding in general is just a major problem.

KATHY: A major one, hey? Are there specific aspects to the feeding --

HEIDI: The issue is I think just not knowing specifically what is anatomically normal, what is -- what are normal developmental skills for a child. I think I need to spend some more time learning that. I think it's more just, sort of, just knowing the skills, of development and how to treat it and what to do. I find that I'm giving same suggestions over and over again, that I'm not, like, breaking down the problem and really identifying exactly what's going on.

KATHY: And can you think of other -- other areas, difficulties that you find that are -- that are common other than feeding? Is that kind of the big one?

HEIDI: That's the only -- I mean, there are other things. I could -- I could go on endlessly. I wish I had more time to learn, more time to be current and to do more things with my children, but I'm just -- I feel so limited by time and -- that I'm just -- I feel so daunted by the feeding thing that it is the one thing that I've identified, and that's what I hope to focus on -- in the future. Like, there's a ton of things I could work on, truth be known; but I mean, it's just so daunting that I'm just going to say, okay; it's feeding; and I'll just try in little bits here and there, like small steps; and so, yeah. I could go on endlessly with things.

11. Joy of working with these kids.

KATHY: Okay. And how about, umm -- can you describe any positive aspects of working with these children?

HEIDI: Well, they're just -- they're fun, and they're joyful, and they improve, and their rehab potential is so huge, and the families are all wonderful, and you get to see how children learn to adapt that their problems and their -- their deficits and how families adapt. I love it. I mean, I absolutely love working with them. They've brought so much joy to my life. They made me think that oh, my God, I need to have children of my own. I just -- I think it's really impacted my life, and I just really enjoy it.

12. Professional frustrations or self-doubts.

KATHY: Okay. Would you like to see some changes in your work environment or your practice or with your clients or your co-workers so that you could be more satisfied?

HEIDI: I mean, I'm -- I would just like to know that what I'm doing is making a difference -- and that what I'm doing is the right thing. Like, I just -- I don't know that. I just -- sometimes I just feel like I bumble along and try and do my best with what I have, but I know it could be better 'cause I've seen the possibilities, you know. I've seen, for example, when you were there, you know. I certainly know that there was so much to learn from you but yet I had this very small window of time in which to do that, and you know -- yeah. I guess I just -- I wish I had more time to devote to making sure that what I was doing was the right thing.

November 8, 1999 – Exit Interview with Heidi

Major Themes

1. Action research - time consuming & rewarding experience

KATHY: Well, here we are. I'm just going to ask you a few questions, and I was just wondering if you could describe for me your experience carrying out an action research project.

HEIDI: It was a very time-consuming experience, but it was a very rewarding experience, so I really felt like I connected with my peers which was something that was very beneficial. I think it motivated me to pursue learning when it's pretty easy to stagnate and feel consumed with things that are going on in your life and your professional practice. I liked the structure of the project, so that was very helpful to have to actually sit down and meet on a weekly basis and ensure that deadlines were met and that, so I felt it was pretty positive.

HEIDI: I have to say that every meeting, I consistently dreaded having to go because I thought there's like 500 other things I needed to be doing; and it wasn't ever a priority until I sat down on the couch; and we actually started, you know, talking about and it working through some of the issues; and I think it enlightened a lot of frustrations that I was experiencing and -- but it also gave me some solutions on things that I can do to sort of make things better. So yeah, it was a pain in the ass, but I did it.

KATHY: So is there anything else that you'd like to share with me?

HEIDI: Thank you.

KATHY: Oh, well. Thank you. God. My pleasure.

HEIDI: It was -- it was very helpful. I felt like I was in a total slump, and there you go. You helped me out of that little ditch that I was in.

KATHY: I don't believe that.

HEIDI: Oh, I'm telling you the honest-to-God truth.

2. Challenge to getting started – process rewarding

HEIDI: So, you know, it was -- it was always very good once I got there and I started doing it and actually sat down to do the work that was involved outside of the meeting time, it was okay, but just the whole thought of doing it and following through was difficult at times.

HEIDI: It was just -- it was hard to do, but once you got started, it was okay. You know, 'cause you just -- it's easy to get consumed with other things.

HEIDI: Like, forced learning was beneficial

3. Enjoyed experiential activities despite reluctance

KATHY: So that's – did you have any other difficulties? Anything that you maybe would've changed?

HEIDI: Kathy made me paint. I don't know about that shit, but I did it.

KATHY: Had a revolver to her head.

HEIDI: Oh, my God. Kathy's feely touchy stuff, but it was quite enjoyable.

KATHY: Yeah, I got that sense from you.

HEIDI: It was quite enjoyable.
KATHY: That's good.

4. Recognizes importance of professional development
HEIDI: And it's just helpful feeling like, you know, we can have permission to take the time to learn together and break these tasks down so that we can all benefit from them. And planning on having a weekly meeting will be -- or every two weeks -- be really helpful, and just -- I think it -- it allows us -- it gives us a bit of permission to learn, as opposed to just focussing on, you know, crisis management on our caseloads or whatever. You know, it's become a priority for us now that we've been exposed to something that can motivate us.

KATHY: So you were saying that the journal was bit of a surprise or disappointment or whatever. Is there any views of, sort of, professional development that changed that or maybe not?
HEIDI: I just have to take more time to do it. Certainly highlighted that, and it gave me permission to do it on work time.
KATHY: Right.
HEIDI: Which is something that I didn't usually do. I mean, certainly, when it's a specific to a child -- but, you know, I'd look up stuff if I needed to or whatever but sort of general things, general learning and whatnot –
KATHY: And what -- and what do you think -- why do you think you feel like that now? That you could -- that you can do it on work time?
HEIDI: Because my colleagues do it. Because other people are doing it; and so that just sort of gave me permission to make it a priority and say, like, no, it's important; and it has to happen; and it's important to stay current and, sort of, know information.
KATHY: Right.
HEIDI: And despite the fact that it's not supported by the institution I work in, you know, it needs to be a priority for me, certainly at the point where I am in my career.
KATHY: Great. Great. I think, too, that, you know, the fact that you guys are going to meet every week –
HEIDI: Will be good.
KATHY: That's really neat. I'd be very curious to hear, you know, a couple of months down the road how it –
HEIDI: How it's going.
KATHY: What it's like. If it's -- I'm sure it'll be very different from, sort of, what we did, but –
HEIDI: Well, I hope it's not too different. Like, that's the thing. I hope it doesn't become to the point where, oh, well, you know, I got a visit, so I can't really be there for that. You know, I just hope that the motivation stays there. I think we need to actively make it a priority because it's very easy to get caught up and do other different things.

5. Realizes potential for solving practice issues
KATHY: Um-hmm. Yeah. And you had talked about going, oh, my God; it's just pointing what I don't know. Did that -- has that made it harder, you know, knowing that? Or was it just sort of --

HEIDI: No, I think it's -- it's made it easier because I certainly have tackled one issue that I don't -- that I didn't feel comfortable with; and certainly, you know, having done that, I feel better about my practice and hope that I can sort of integrate it into my daily practice. But I just think it just made me realize if you take small steps and you work together and you try, you know, to solve problems and -- and do little bits and pieces and eventually, for God's sake, you've got to get there. You know, it has to happen.

6. Appreciates support of OT colleagues

HEIDI: Like, forced learning was beneficial. I enjoyed just -- I -- I -- you know, once I got to the meetings, I certainly enjoyed them. I think I felt like, you know, there are other people at the same level as me and having the same frustrations; and it helped sort of to hear you say that, you know, you certainly had some of those similar frustrations; and it does take a while.

KATHY: Was that surprising for you? Like, learning about your colleagues, that they were –

HEIDI: I mean, I knew it. I knew it, but to the degree, I don't think I knew that we were pretty much all feeling the same way and having the same frustrations and whatnot.

KATHY: Great. Great. In what way, if any, has your relationship with your O.T. colleagues changed?

HEIDI: Well, you had a pretty good group to start with, so we were all pretty close to begin with. But certainly, professionally, feeling like you're not alone in your struggles and your frustrations are not unique, that, you know, they're experienced by your colleagues. And it's just helpful feeling like, you know, we can have permission to take the time to learn together and break these tasks down so that we can all benefit from them.

7. Mentorship

HEIDI: And I think it brought me closer to and certainly gave me an opportunity to, you know, speak with someone who is really an expert; and she's a really wonderful therapist; and so I think, you know, certainly to follow up on that relationship and, you know, use her as a mentor 'cause I'm certainly lacking them in my practice; and so I think it gave me an opportunity to connect with someone I probably wouldn't of otherwise connected with and on that sort of level.

8. Recognizes knowledge and increased confidence

HEIDI: But I certainly realize that maybe I do know a little more than I thought, and I should be sort of comfortable where I'm at and just continue down that road of learning and tackling these little problems little bit by little bit.

KATHY: Right. So you do know something.

HEIDI: I do know something. That was a really -- I know something.

HEIDI: Just with regards to oral-stim, I think I would certainly try and provide more of a rationale and more of an explanation and bring the parents on board and do all those things that I should have been doing but, you know, not really doing. I think I have more confidence to be able to demonstrate the – my expectations, and I can't expect a parent to do things if I'm not willing to do it myself and follow through with them. So in that way, I think my practice will change. Probably in those ways.

9. Benefits of action research: increased patience and decreased expectations

HEIDI: So -- and I also think, through my project, I just learned that I can't take responsibility for curing problems and solving every problem that I have with every child and every family. And you just do what you can; and you, you know, use the knowledge you have and try and pursue knowledge on the side a lot. You know, you just do it.

KATHY: Can you tell me what the experience of being involved in an action research project for over two months means for your practice?

HEIDI: I think it -- it'll make me more -- I think I'll be more patient. My expectations will be lowered, both of myself and the family.

KATHY: Is your experience working with the special-needs child different as a result your involvement in an action research project? In what way? If it is, how?

HEIDI: …I just -- I think that it just allows me to have so much respect for the kids that I work with, I mean, and their families, and I don't think that's changed. I think that I've -- I've sort of had that respect all along and just really am amazed and surprised at how they cope. I don't think that changes. I think the expectations of myself may change and become, sort of, more realistic and more in line with what's achievable as opposed to, you know, just sort of randomly trying to solve problems all over the place and not really be focussed and stuff…

10. Views her work as more credible amongst team members

KATHY: Has your view of working within a multidisciplinary team changed at all? In what way?

HEIDI: I don't know if it's changed; but certainly, I mean, I really can see the benefits of working in a multidisciplinary team. We work most closely with the physios; and I think in doing this project, I think I probably have a little more respect and feel that what I do is little more credible because I certainly feel that, you know, I'm guilty of cowtowing to the physios because I feel like they know a lot more, which they do; but, you know, they certainly have had more experience and their education is different. So I think it makes me feel like what I'm doing and the contribution that I can make in sort of a -- a team more valuable. So that's probably how it's changed a little bit.

HEIDI: I'm at a place where team -- I benefit. I feel I benefit from teamwork and just being able to share ideas and, you know, seeing if I'm on the right track and getting that affirmation. I'm at the point where I need that, so I certainly prefer the team thing.

11. Discovers preference in learning styles

KATHY: So how has your view of professional development changed, if at all?

HEIDI: Well, I thought maybe that I would feel that journaling is really valuable, but I don't.

KATHY: Nada?

HEIDI: Doesn't help me. So I thought that might be something that I could introduce, but I don't have the time, and I can't see it being a commitment,
so that's unfortunate but --
KATHY: Not necessarily. I mean it's -- it's getting to know yourself and what works and what doesn't.
HEIDI: Yeah, I think so. It just takes too much time. I just can't cope with that. So that whole, like, process of reflection, I think I'd just sort of have to sit down and do it in my head and try and work through that.
KATHY: And that's okay 'cause it's not for everybody.
HEIDI: Yeah.
KATHY: Just like art is not for everybody.
HEIDI: Not for everybody, right.

HEIDI: I see video taping as very valuable and -- yeah. And seeing and speaking about and, sort of, hearing anecdotal, sort of, things and what's worked for someone else and whatnot, I think that -- yeah, I think that is valuable.

12. Decreased satisfaction as OT
KATHY: So, I'm just wondering: Are you satisfied with your current work as an occupational therapist?
HEIDI: My current work. No 'cause I'd like to be -- I'd like to know more, and I'd like to provide better service, and I'd like to be able to see more kids more frequently -- not more kids -- I'd like to see my current caseload more frequently, so I'd like to see my numbers to be smaller. I'd like to know more about everything, so no. I mean, I can't say that I'm totally satisfied. I enjoy the families I work with. I enjoy working with children. Those are – those satisfy me a lot, but I just wish for my own standpoint that I knew more and could provide more.

APPENDIX D

Action Research Presentation

1. Define
2. Handout
3. Flip Chart
4. Case Example
5. Questions

-Action Research is an attempt to better understand and deal with real life problems in one's practice.
-Action is its focus not passive observation. Researchers learn to reflectively act in ways that will lead to an improvement of their practice with the children they treat.
-Action is democratic and collaborative in that a group of researchers come together to talk about their practice problems, discuss, reflect and change whatever is not working for them.
-Action research is systematic and reflective. Action research consists of four phases that take place in a cycle. These four phases are: planning, acting, observing and reflecting.

Planning – all members of the research team question "what are" the realities of their particular practices and begin to search for "what ought to be?"

Acting – the researchers implement the plan they have developed, addressing all or a particular set of problems

Observing – simultaneous with action is the collection of data. Observation is important for subsequent reflection and action

Reflecting – the researchers reflect upon what is happening with their project, developing revised action plans based upon what they are learning from the process of planning, acting, and observing

Through the continual process of planning, acting, observing, reflecting, and then developing a new action plan as a result of knowledge gained from the first cycle, action and research can work together to bring about democratic, systematic and reflective improvement in therapy

In action research, improvement and understanding of our occupational therapy practice are attempted simultaneously. Action research is a way to both understand and to improve therapeutic situations.

(Creating Possibilities: An Action Research Handbook,
Carson et. al., 1989).

Reflective Inventory:

1. What am I proudest of in my work as an Occupational Therapist?
2. What would I like my clients to say about me when I'm out of the room?
3. What do I most need to learn about in my practice?
4. What do I worry most about in my work as an Occupational Therapist?
5. When do I know I've done good work?

Personal Assumptions Inventory:

1. I know I've done good work when…
2. I know I've done bad work when…,
3. I feel best about my work when…
4. The last time I saw really good OT was when…
5. The best therapy experience I've ever seen clients involved in was when…

Adapted from Brookfield (1987) and Cranton (1994)

Ground rules for group conversations:

1. Think of some of your best conversations. What would you like to see our group do to ensure a great conversation amongst us?

2. Every participant has a turn to speak.
3. That every time a participant wishes to criticize or disagree with another person's comments, that participant must first say what aspects of that person's comments are meritorious.
4. That periods of silence be included in the group's deliberations, during which participants reflect on unacknowledged biases, themes for further discussion, excluded perspectives, and points of significance.
5. Anything else?

How to have a critical discussion with your fellow researchers:

1. After your colleague has finished describing her story, you are allowed to ask her any questions you have about the events she has just described. Try to search for any information that will uncover the assumptions you think the storyteller holds. You can request information but not pass judgement. Try to refrain from giving your opinion or suggestions, no matter how helpful these may be. Questions are asked to clarify the details of what happened. The storyteller may ask why certain questions are being put to her.
2. Reporting assumptions. Once all the questions have been asked, group members offer their interpretations of the assumptions they think the storyteller holds about good practice and she gives her reactions. The storyteller can agree, disagree, ask for further clarification, and ask for time to think about a point.
3. What did you learn about your practice? Write it down.

Brookfield (1987, 1990) and Cranton (1994)

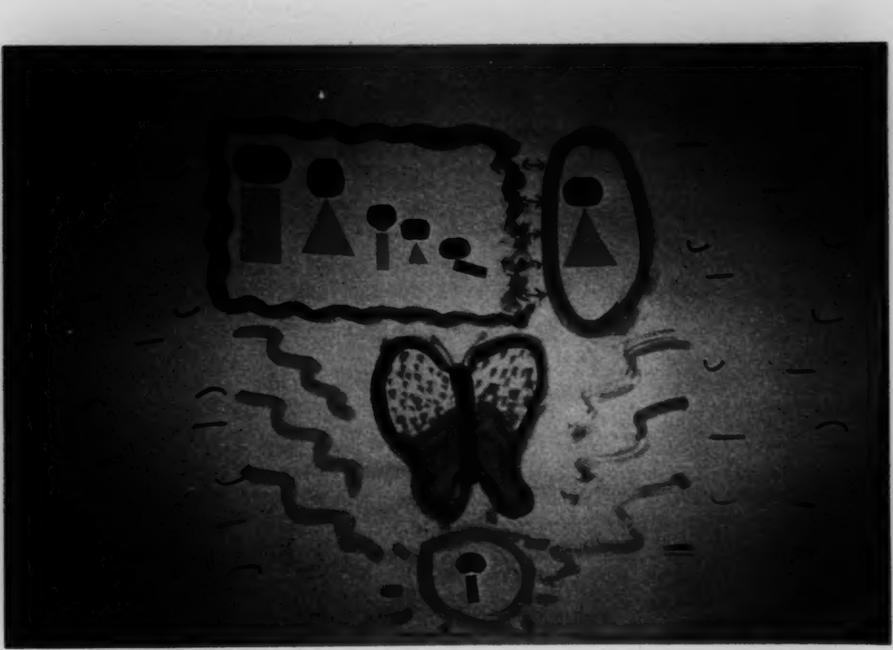
Creative Expression Exercise:

Choose to draw, paint, write a poem, or create something that expresses how you feel about one of the questions below. You will not be judged on your artistic ability and this is NOT a contest! Simply try to get in touch with your feelings and let yourself be "drawn" to a colour or material which feels good to you. If any negative thoughts come up, just notice them and try to let them go. As much as possible stick to your sensations rather than your thoughts and allow yourself to "play" and "create" until the time is up.

Question # 1:
Think of a problem in your practice. Try to imagine what this problem would look like if it were managed better. What would exist in your practice that does not exist now?

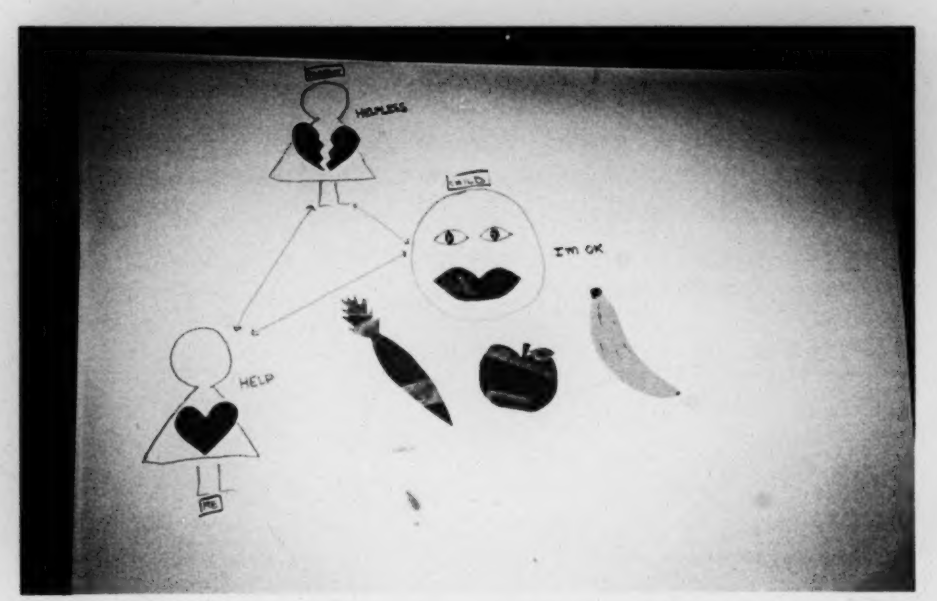
Questions #2:
Consider your ideal occupational therapy practice. Draw, write, paint or create what this would be like for you.

Adapted from Brookfield (1987) "Imagining Alternatives" p. 117; Heimlich & Norland (1994) and Cranton (1994).

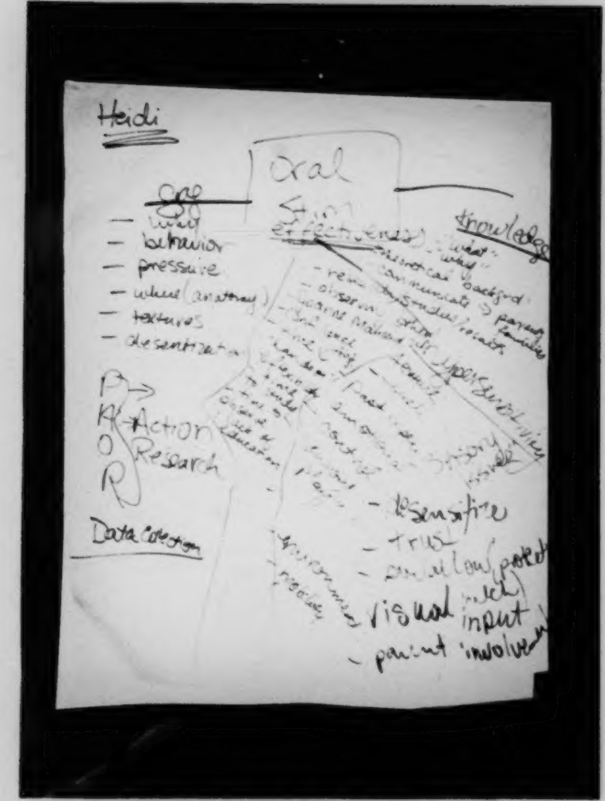


Carrie's Creative Expression

Niki's Creative Expression

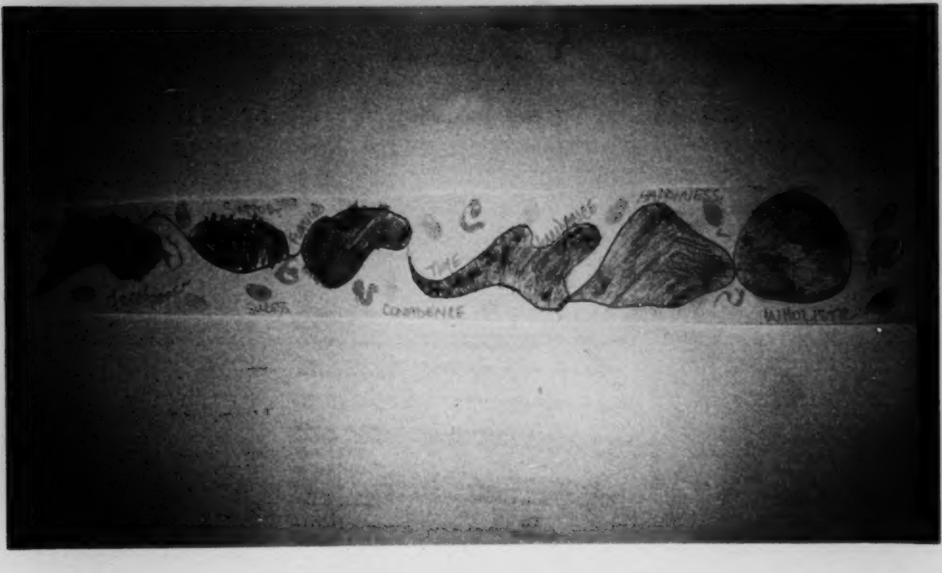


HELPLESS
CHILD
I'M OK
HELP
ME


Heidi
Oral Stim
effectiveness
knowledge
behavior
pressure
textures
desensitization
Action Research
Data Collection
hypersensitivity
sensory
desensitize
trust
visual input
parent involvement

Heidi's Mindmapping Exercise

Heidi's Creative Expression


HAPPINESS
THE
CONFIDENCE